ST. PAUL RELIGIOUS EDUCATION REGISTRATION 2025-2026 Grades K—8

***Child's Last Name*_____**

Are you registered in this parish? ☐ yes ☐ no
Do you have a new address? ☐ yes ☐ no
Do you have a new student to the program? ☐ yes ☐ no

PARENT INFORMATION:

Father's name_____ Religion_____
Address_____ City _____State & Zip _____
Phone number_____ Email address _____

Mother's name_____ Religion_____
Address_____ City _____State & Zip _____
Phone number_____ Email address _____

Child(ren) lives with: ☐ mother & father ☐ mother ☐ father
☐ grandparents legal guardian
Name of person child resides with, if other than a parent_____Phone number_____

CHILD'S INFORMATION:

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files. Thank you.

Student name	**date of birth**	**gender**	**grade**	**school**
1._____	_____	_____	_____	_____

Sacraments Received: ☐Baptism ☐Reconciliation ☐Eucharist ☐Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
2._____	_____	_____	_____	_____

Sacraments Received: ☐Baptism ☐Reconciliation ☐Eucharist ☐Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
3._____	_____	_____	_____	_____

Sacraments Received: ☐Baptism ☐Reconciliation ☐Eucharist ☐Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
4._____	_____	_____	_____	_____

Sacraments Received: ☐Baptism ☐Reconciliation ☐Eucharist ☐Confirmation

Please complete the following: ☐ Yes, I (we) have received and reviewed the St. Paul Religious Education Information handbook for the 2025-26 school year.

PARENT OR GUARDIAN SIGNTURE_____

Tuition : $35.00 per child for each grade. Cash or Check accepted. Please make check payable to St. Paul Chapel

Office use: Tuition due: $_____ Tuition Pd: $_____ Check # _____ Cash__ Date_____Initial____

PLEASE FILL OUT MEDICAL CARE FORM ON THE BACK>>>>>>>>>>>>>>>>>

St. Paul Catholic Chapel
8780 E. 700 N.
Fremont, Indiana 46737
260-665-2259

2025-2026 ANNUAL EMERGENCY MEDICAL CARE FORM

Note: Parents must complete, sign and submit this form prior to the commencement of each Religious Education Program year for each child enrolled. **Parents are responsible for updating the information on this form should changes occur during the Religious Education Program year.**

Part I. Consent to Emergency Medical Care

Name of Child(ren) 1. _____ Grade: _____ 2. _____ Grade: _____

3. _____ Grade: _____ 4. _____ Grade: _____

In the event of an emergency, I request that the parish make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

_____ is my preferred hospital.

Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Other: _____

The parish may also disclose the following checked information to a health care provider:

Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____
_____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Part II. Photo Permission: (Please check one of the following)

☐ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image in any photograph, internet site, or visual media for promoting parish or diocesan religious education or for any other lawful purpose.

☐ I **DO NOT** grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image.

Date_____ Parent/Guardian Signature_____ Email _____

Parent/Guardian Name Printed: _____