Child's Last Name			
Are you registered in this parish?	yes	no	
Do you have a new address? Do you have a new student to the program?	yes yes	no no	
PARENT INFORMATION:			
Father's nameC AddressC Phone numberEmail address	ity	ReligionState & Zip	
Mother's name		_ Religion	
Mother's nameC AddressC Phone numberEmail address	lity	State & Zip	
Child(ren) lives with: mother & father grandparents legal		father	
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 1	date of birth	gender	grade	school
Sacraments Received:	_BaptismRecond	ciliationEu	charistConfirm	ation
Student name 2	date of birth	•	grade	school
Sacraments Received:	_BaptismRecond	ciliationE	ucharistConfirm	nation
Student name 3	•	•	grade	school
Sacraments Received: _	_BaptismRecon	ciliationE	ucharistConfir	mation
Student name 4		•	grade	school
Sacraments Received: _	_BaptismRecon	ciliationE	ucharistConfir	mation
Please complete the following	: Yes, I (we) ha Information h	ve received and andbook for the	reviewed the St. Paul e 2023-24 school year.	Religious Education
PARENT OR GUARDIAN SIG	NTURE			
Tuition : \$35.00 per child for	each grade. Cash or Ch	neck accepted. P	lease make check paya	ble to St. Paul Chapel
Office use: Tuition due: \$	Tuition Pd: \$	Check	# Cash Do	ateInitial



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

2023-2024 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:

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 <u>preferences</u> 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
	<i>c</i> =	

Parent/Guardian Name Printed: _____