

St. Ludmila Religious Education Registration 2020-2021

Religious Education Center Saint Ludmila Parish 2107 J. St. SW Cedar Rapids, IA 52404 (319-362-8148)

* Registered members of St. Ludmila Parish? Yes _____
 No _____ Name of your parish _____

All Religious Education classes will meet
 Wednesdays from 5:45-7:00 pm K-9

(Please Print Clearly)

Date: _____

Family Information: Please complete to reflect the current status of your family.

Father/Guardian/Adult: Name _____ Religion: _____

Mother/Guardian/Adult Name _____ Religion: _____

Mother's Maiden Name _____

Married _____ Single _____ Divorced _____ Widow/Widower _____

Home Address (please include your city and zip code) _____

If parent addresses are different; should communications be sent to both parents/guardians? Yes / No
Circle one

Yes – Address of parent/guardian not listed above (please include email)

No – Who should receive information: Mother _____ Father _____ Guardian _____

E-mail Address where communications are to be sent: _____
This year we are going to be emailing information/communications to conserve paper. Please indicate if you wish to receive a paper copy by checking the box .

Home Phone _____ Cell Ph/Provider _____ Work Ph _____

Name of Emergency Contact _____ Phone _____

Children live with: _____ Parents _____ Mother only _____ Both Parents 50/50
 _____ Father only _____ Other Adult (explain relationship of other adult)

Child's Baptismal (<u>Legal</u>) First, Middle, Last Name	Gender	Date of Birth	Grade (20/21)	Name of Public School Attending	Sacraments Received Baptism; Reconciliation; Eucharist

Please list all persons living in your home: _____

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes in the public school? Yes No

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

Registration continued on the back of this sheet.

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If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

**Consent Forms
 Dual Parent Reporting**

Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance (i.e., notices of school/catechetical program functions, report cards, appointments for parent-teacher conferences) should be provided to both parents."

In the case of a child whose parents are in separated circumstances, a follow-up form will need to be completed and returned.

___ Please send a form to complete and return.

Media Release and Authorization	
I understand that by signing this Release and Authorization I hereby grant authority to	
_____ for the use of any videotapes, photographs, or	
(parish/cluster)	
similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.	
_____	_____
Parent/Guardian Signature	Date

Tuition

TUITION	1 child	2 children	3 or more
Due Sept. 1, 2020	\$150.00	\$175.00	\$200.00

ADDITIONAL FEES:
\$35 Out of Parish-Tuition
\$25 Sacrament Fee
\$100 Confirmation Fee per Child

_____ will be preparing for the Sacrament of Reconciliation/Eucharist.

_____ will be preparing for the Sacrament of Confirmation.

***additional fees may be collected for retreats, rallies, and/or field trips as necessary.**

Tuition assistance is available.

Check # _____ Cash _____ Amount _____ Date: _____

Archdiocese of Dubuque
**2020/2021 Annual Parental/Guardian Consent Form and Liability
Waiver Valid date signed through 8-31-2021**

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact, emergency and medical information you are requested to supply the needed information. As the specifics of each off-site/field trip event are known you will be required to complete an *Off-site/Field Trip Permission Form* outlining the specifics of each activity. Please complete all sections.

Section 1 - Contact Information

Student/Participant's Name: _____

Birthdate: _____ Gender: Female Male

Parent/Guardian's Name: _____

Home Address: _____

Home/Cell Phone: _____ Business/Cell Phone: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, (Parent or Guardian's Name) grant permission for my child,

_____ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of

_____ (Name of School/Parish).

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of

_____ (Name of School/Parish) and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ Date: _____

Section 3 - Specific Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Item B - Other Medical Treatment:

In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified.

- Yes
- No

If Yes, Please call: _____

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program.

- Yes
- No

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

Allergic reactions (medications, foods, plants, insects, etc.): _____

 Utilizes asthma or airway constricting prescription medication (see item 9.2 below)_____

Has a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____

THIS FORM REPLACES PREVIOUS VERSIONS AS OF DATE SIGNED

Administration of Medication - Archdiocesan Catholic School Board Policy 5141, items 9-10 (For Catholic School Programs only).

9. Dispensing of prescription medication

1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party with training and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician’s name, name of the medication, and dosage/frequency to be given. A record of each dose of medication administered will be documented in the pupil’s health record.
2. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.
3. Contraceptives will not be dispensed. Iowa Code §280.16

10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.