

# Tri - Parish Religious Education Program 2022 - 2023 STUDENT REGISTRATION

<b>Religious Education Fees:</b>	\$95.00	First Child
	\$75.00	Second Child
	\$65.00	Third Child
	\$30.00	11 <sup>th</sup> & 12 <sup>th</sup> graders
	Free	Any Additional Children

**Family Last Name:** \_\_\_\_\_

Registered Member of a Parish: \_\_\_\_\_ Yes \_\_\_\_\_ NO

Which Parish?

Submit one Registration Form and check per family.

Registration fees payable to: Tri - Parish

Questions?? Contact Benjamin Mitchell at 715-933-4500 or e-mail dre@catholictriparish.org

Grade	Child's Name	M/F	Birthdate	Fee (\$)	School Student Attends	Please Check and List Where Sacraments Received			
xxxxxxx	xxxxxxx	xxx	xxx	xxx	xxxxxxx	Baptism	Recon- ciliation	Eucharist	Confirma- tion
	Special Needs:			\$95					
	Special Needs:			\$75					
	Special Needs:			\$65					
11th & 12th	Special Needs:			\$30					
	Special Needs:			Free					

If your child(ren) wish to have youth group information emailed to them, please list their email addresses: \_\_\_\_\_

If you would like to opt your email out of youth group information and only have the emails sent to your child(ren) Please check here \_\_\_\_\_

Family Last Name: \_\_\_\_\_

2022 - 2023

Tri - Parish Religious Education Program Registration Form

For Office Use Only: Registration Date \_\_\_\_\_

Tuition Due \$ \_\_\_\_\_

SCRIP credit \$ \_\_\_\_\_

Amount received \$ \_\_\_\_\_

Balance still owed \$ \_\_\_\_\_

Payment Type: Check # \_\_\_\_\_ Cash

Family Contact Info

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child(ren) live with \_\_\_ Parents, \_\_\_ Mother, \_\_\_ Father, \_\_\_ Step parent & parent, \_\_\_ Grandparents, Other(list) \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic/Hospital Preference: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_  
(Optional)

Policy # or Group # \_\_\_\_\_  
(Optional)

**Medical Liability Release Statement:** In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of the Tri - Parish Religious Education staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned clinic or associated hospital for medical care and treatment as deemed appropriate. I will not hold the Tri - Parish, The Diocese of LaCrosse or any staff/volunteer liable for any injuries my child(ren) may incur while participating in the Tri - Parish Religious Education, Youth Ministry or Youth Group Program events.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact (Other than Parent)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Photo Release:** By signing this form, you grant permission for the Tri-Parish to use photos which contain your children's likeness for the Tri-Parish website, event flyers, etc. No identifying information will be posted with the photo (i.e., name, address, etc.).