

Tri - Parish Religious Education Program 2023 - 2024 STUDENT REGISTRATION

Religious Education Fees:	\$95.00	First Child
	\$75.00	Second Child
	\$65.00	Third Child
	\$30.00	11 th & 12 th 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 715-672-4668 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-cilia-tion	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: _____

(By inputting your child's email here, you, the parent, consent for the Tri-Parish RE Department to contact your child directly for youth group events.)

Family Last Name: _____

2023 - 2024

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 _____ Policy # or Group # _____
(Optional) (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.).