

# Tri - Parish Religious Education Program 2024 - 2025 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

<b>Family Last Name:</b> _____  Registered Member of a Parish: _____ Yes _____ NO  Which Parish? _____
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Submit one Registration Form and check per family.

Registration fees payable to: Tri - Parish

Questions?? Contact Deacon Edward Wendt 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			
						Baptism	Reconciliation	Eucharist	Confirmation
xxxxxxx	xxxxxxx	xxx	xxx	xxx	xxxxxxx				
	Special Needs:			\$95					
	Special Needs:			\$75					
	Special Needs:			\$65					
11th & 12th	Special Needs:			\$30					
	Special Needs:			Free					



**Please use the QR Code to sign up for Flock Note - Flock Note is our communication platform to keep you and your children up to date with RE and YM events and programs. If you would like your child(ren) to receive info too, please have them sign up for Flock Note as well!**

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

**2024 - 2025**

**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 La Crosse 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.).