Scranton Religious Education
Enrollment Form 2025-2026

Name: _____

Date of Birth: _____

Place of Birth: _____

Grade: _____

Parents: _____

Address: _____

City, State: _____

Contact Phone: _____

Email Address: _____

Emergency Contact: _____

How would you like us to contact you?

Text? ☐
Email? ☐
Phone? ☐

Please check one box

Baptism: Date & Parish _____

First Holy Communion: _____

Confirmation: _____

Would your child like to be a server or lector at Mass? _____

Would your family like to take up the offertory gifts? Yes _____ No _____

Enrollment Fee: $25/student $50/maximum per family

Paid: Date: _____ Check#_____ Cash _____

Photo Release

I hereby authorize St. Patrick Catholic Church Osage City to use my child's photos and video images for use on parish website, bulletin or Facebook page. In giving my consent, I hereby release and hold harmless St. Patrick Catholic Church Osage City from any and all responsibility or liability.

☐ Yes, I authorize ☐ No, I do not authorize

Parent/Guardian/Legal Representative _____ Signature Date _____

St. Patrick Catholic Church Osage City & Scranton

Medical Information & Release Form

Religious Education Program

(one form per child)

Child's Name: _____

Doctor's Name: _____ Phone: _____

Please list any special medical information for your child (for example, any medications or special needs or education required).

_____

_____

List any allergies: _____

_____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending the Religious Education Program and related activities. Any violation of these rules and regulations may result in that individual being sent home.

_____

Signature of Parent/Guardian Date

_____

Address Phone

_____

Insurance carrier Policy Number

_____

Hospital Preference