

# Osage City 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?

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

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**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