

Religious Education Registration

Holy Family Parish

2025-2026

Registration deadline is Sunday, August 24, 2025.

Father's Name _____
Last First

☐ Catholic ☐ Other _____

Mother's Name _____
Last First Maiden

☐ Catholic ☐ Other _____

Family Status: ☐ Two parent
☐ Single parent and children reside with _____

List the parent or guardian name, email address, and cell phone number we should use for mailings or texts. Messages will be sent using Flocknote.

Name _____ Phone _____

Address _____
Number Street City Zip

Email Address(es): _____

Parish in which you are registered:

☐ Holy Family ☐ St. Joseph, Montrose ☐ Other _____

Preferred Mass time: 4:00pm _____ 8:30am _____ 10:30am _____

Child's Name Birth Date Present Grade Sacraments Received

			Baptism	Eucharist	Confirmation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Over

Does your child have allergies or disabilities we should be aware of? YES NO
If so, please list them below.

Medical conditions, allergies, or learning problems we should be aware of:

May we have permission to put pictures of your children in the parish newsletter/bulletin or newspaper that are taken at special events? YES NO

Religious Education classes for 1st through 8th grade are held at **McAleer Hall** from **7:00-8:00 PM** on **Wednesday** evenings from **September** through **April**.

Confirmation classes are held at the **parish office building** behind **Ss. Mary & Joseph Church** on **Wednesday** evenings from **7:00-8:30 PM** from **September** through **April**. The entrance is off the alley in the back.

The Religious Education fee is \$50 for one child and a maximum of \$100 per family. No family will be turned away due to inability to pay. Please contact Kelly at 319-372-2127 for assistance.

RELIGIOUS EDUCATION CLASSES START SEPTEMBER 10th.

**Please return this form, with payment,
to the parish office
no later than August 24th.**

CONSENT TO MEDICAL TREATMENT FORM

Authorization to Treat a Minor

I/we the undersigned parent, parents or legal guardians of _____, a minor, do hereby consent and authorize the administration of first aid care to the above named child, by the people in charge of the Holy Family Religious Education Program as their judgment deems necessary, and to make necessary referrals to a licensed medical professional for treatment of illness or accidents of a more serious nature. I understand that every effort will be made to contact me in the event of serious accident or illness, and prior to any major surgery, except emergency. In the event I cannot be reached, I hereby give permission to the medical professional selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery, if deemed necessary for the child named above.

In the event of any emergencies/need during the event, the undersigned hereby grants authority to be exercised at the discretion of my child's responsible chaperone to dispense over-the-counter medication.

Date: _____ **Parent/Guardian:** _____

Address: _____ **City/State/Zip:** _____

Father: Home Phone _____ **Work Phone** _____

Mother: Home Phone _____ **Work Phone** _____

Emergency Contact Name: _____ **Phone:** _____

Child's Birth date: _____ **Date of last Tetanus Shot:** _____

Family Physician: _____ **Phone:** _____

Special medications, drugs or other allergies (food), blood type or pertinent medical information: _____

Insurance Company: _____ **Policy No.** _____

Check one of the following:

_____ Participant has proof of insurance under ordinary individual or group coverage.

_____ Participant has NO insurance. NOTICE: You may be required to pay cash in full for any necessary medical care.