K-10 RELIGIOUS EDUCATION 2026-2027 REGISTRATION

A Testament to Christ

1 - FAMILY INFORMATION

Last Name (name under which this form is to be filed) _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Family E-mail_____

City _____ Zip _____

Father (Cell) _____Primary/secondary receive texts: yes/no

Mother (Cell) _____Primary/secondary receive texts: yes/no

Parish Members: yes ___ no___, if not what church do you attend regularly? _____

2 - RELIGIOUS EDUCATION PARTICIPANTS

Please list the First Name(and last if different than above), and Grade for the current school year of each child you are registering and the school they attend

Name_____Grade _____Birthday _____ School _____

Name_____Grade _____Birthday _____ School _____

Name_____Grade _____Birthday _____ School _____

Name_____Grade _____Birthday _____ School _____

Name_____Grade _____Birthday _____ School _____

3-TUITION AND FEES - The tuition is non-refundable due to the fact we purchase books etc for the children to use throughout the year. **If the cost could prohibit you from participating please speak to Director of Parish Formation about installment plans as soon as possible.**

2 Children …… **$140** total

1 Child …… **$70** total

Amount Paid _____

3 or More …… **$210** total

Office use only

Amount Due _____

Balance Due _____

Catholic Schools students for sacramental prep fee is $25/child

Registrations will be accepted on a first-come first serve basis depending on the number of students registered and the need for volunteers. Any questions, concerns or needs reach out to:

Dennis Kurtz
Director of Parish Formation
715-832-2504 x103
religiousformation@saintolafparish.org

Please return to the Parish Office by Wednesday, September 14, 2026
or mail to PO Box 1203, Eau Claire WI 54702-1203

DIOCESE OF LA CROSSE - ST. OLAF FAITH FORMATION
COMPREHENSIVE CHILD CONSENT AND RELEASE FORM
Parental/Guardian Consent Form and Liability Waiver

PERMISSION TO USE PARTICIPANT PHOTOS: You have my permission to use said participant's photos (for parish newsletters, bulletins, social media, etc.) Initials of Parent/Guardian: _____ Date:_____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health,and I assume all responsibility for the health of my child. Initials of Parent/Guardian: _____ Date:_____

ALLERGY INFORMATION: Please list any food or other allergies for your child(ren) along with their name

_____

_____

***EMERGENCY MEDICAL TREATMENT*:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Parent/Guardian Name & relationship: _____ Phone: _____
Family doctor:_____ Phone:_____
Family Health Plan Carrier:_____ Policy #:_____
Signature:_____ Date:_____

In Case of an emergency and I cannot be reached please contact:

Name: _____ Phone Number: _____

Relationship to family: _____

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