
**St. Rita Parish**
309 E. Maple Street
Holly, MI 48442

Rectory Office
(248) 634-4841

Learning Center
Religious Formation
(248) 634-1658

# PreK-8th Grade Religious Ed 2023/24 Registration Form

Hello St. Rita Families!

As we prepare for the coming 2022/23 school year please take a few minutes in these next few days to complete the registration **for each child** registering for religious ed. If you have additional comments or questions you would like to share there is a spot located below.

Our hope for this year is to return back as close to "normal pre-covid" learning as we can. Our classrooms will look the same and we will be back in the Learning Center! In order to connect with our families and have the best learning experience for your child, we encourage all of our families to attend the 9am mass together and we will be starting religious ed classes on **Sunday mornings.**

Early Registration is encouraged and appreciated. We at St. Rita have not changed the cost of the program for this year. It remains at $30 for each child with an additional $20 supply fee per Sacrament year. (If your child is not receiving a Sacrament this year the cost is just the initial $30!) **Watch the bulletin and announcements for our Religious Ed Kick-Off in October.**

Feel free to contact us with any questions or concerns at (248) 634-4841 or stritahollyRE@gmail.com

Thank you for completing this registration. As always we appreciate your patience and support as we explore this year back to "normal" and what best fits our parish community.

We look forward to seeing you and your child in the coming weeks!

In Christ's Peace,
Kristin Godoshian & Nicole Hagle
Coordinators of Religious Formation

Questions/Comments:_____

**Student Name (First, Middle, Last:** _____

**Birthday** _____**Current School** _____ **Grade Level** _____

**Parent Last Name:**_____ **Mother First Name:**_____

**Maiden Name:**_____ **Mother Emergency Phone:**_____

**Text:**_____ **Email:**_____

**Father First Name:**_____ **Father Emergency Phone:**_____

**Email(s):**_____

**Home Address:**_____

**(Use ** to indicate Mailing to individual– NOT couple)**

**Is this your first year of formation enrollment at St. Rita? Y N**

**Registered Parishioner of** _____**Parish**
**Please indicate frequency of Mass Attendance as a family (Parent and Child together):**

Daily Every week 2 times per month 1 time per month
Rarely Easter and/or Christmas only

**Sacraments expected this year:** Baptism Reconciliation Eucharist Confirmation

**Sacramental Record**

**Baptism Date** _____ **Place** _____ **Religion** _____

**Reconciliation? Y N Eucharist Date** _____ **Place** _____

**Confirmation Date** _____ **Place** _____

**According to St. Rita policy, all children are required to be signed out by an approved person. Please list below any persons who have permission to release your children from our care.**

_____

_____

_____

_____

_____

**Parent Signature**_____ **Date**_____

**OFFICE USE ONLY**
CLASS DAY SELECTED:_____ GRADE:_____ALLERGIES_____

PAID:_____ cash or check

# MEDICAL TREATMENT AUTHORIZATION FORM

## To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

**Student's Name: _____ Relationship to you: _____**

**Address: _____ Phone: _____**

**Type of activity or school year for which release is intended: _____2023-2024 Catechism year_____**

## PARENTS/LEGAL GUARDIANS

_____

**Father Address Phone**

_____

**Mother Address Phone**

**Where parents can be reached when not at home:**

**Father: _____**
**Address Phone**

**Mother: _____**
**Address Phone**

**Family Physician: _____ Phone: _____**

**Physician Address: _____ City: _____**

**List allergies, medication, contract, or other pertinent comments:**

_____

_____

**Health Insurance Data:**

**Company: _____ Policy: _____**

**Group: _____ Contract: _____**

**List a neighbor or close relative who will assume care of your child if you cannot be reached.**

**Name: _____ Phone: _____**

**Address: _____ Relationship: _____**

**I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.**
**This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.**

**Date: _____ Signed: _____**

**(Parent or Guardian)**