

Parent Cooperative Agreement 2018-2019

"All children enrolled in the Religious Education Program beyond Kindergarten, are expected to attend Mass weekly. Religious Education Schedules are designed to promote Mass Attendance. Parents are expected to cooperate in this matter." Religious Education Board Policy April 1991.

I understand the importance of weekly Mass Attendance. Our Family will attend Mass weekly.

Parent Signature: _____ Date: _____

Medical Information And Authorization For Medical Treatment Release

In the event that the undersigned cannot be reached, and in the judgment of the Director of Religious Education, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical attention as deemed necessary. I agree to assume financial responsibility for any diagnosis/treatment, and for medication deemed necessary.

Allergies: _____

Emergency Contact Name: _____ Contact's Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Medical Condition We Should Know About: _____

Important Additional Information Needed

Name, Address, and Phone Number of Person(s) Responsible For Paying The Account and Receiving All Correspondence If Not Parents: _____

WAIVER AND RELEASE OF ALL CLAIMS

Due to the difficulty and high cost of obtaining medical accident insurance, the Catholic Bishop of Chicago and Our Lady of Humility Parish requires the execution of the following Waiver and Release.

As the participant in the Religious Education Program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my minor child may sustain as a result of participating in activities connected with or associated with such program.

Parent Signature: _____ Date: _____

I understand that all Religious Education Fees and Tuition are due by February 15, 2019. I will contact the Director if I am unable to pay by that time to work out other arrangements.

Signature: _____ Date: _____

Third Child:

Place of Birth: _____

Public School Child Attends: _____

Special Learning Needs: _____

Fourth Child:

Place of Birth: _____

Public School Child Attends: _____

Special Learning Needs: _____