

Special Considerations: (Please include helpful information about learning difficulties, allergies, physical or health needs, separation/divorce, or other family circumstances of which you feel we should be made aware.)

Emergency Medical Release

This release form is for the duration of the Religious Education classes, September 2017 through May 2018.

In case of an emergency, where all attempts at contacting the parent/guardian have failed, I hereby give my permission to the Director of Religious Education or individual in charge to seek appropriate medical assistance if deemed necessary for the proper care and treatment of

(Child/ren's names)

Signature Date Relationship to Child

2017-2018 Parent Memorandum of Understanding

As Catholic parents we acknowledge our obligation, which we professed at our child/ren's Baptism, to nurture our child/ren in the Catholic faith. This would include fostering the presence of God in the home, frequent reception of the sacraments, regular attendance at weekly Mass and Holy Days of Obligation, and participating in Religious Education classes. We also acknowledge the requirement to attend sacramental meetings, if applicable. We understand that failure to meet these obligations could result in the postponement of our child/children's reception of the sacraments and/or promotion to the next grade level of their religious studies. We also understand that it is suggested that absences from Religious Education Classes **be kept to a minimum** (except for medical reasons). I understand that a plan to cover missed lessons due to extended absences will need to be developed, particularly in the case of sacramental preparation.

Parent Signature Date

SUGGESTED MATERIALS FEES 2017-2018

# of children	Regular Fee
1	\$20.00
2 or more	\$40.00

- **Make checks payable to St. Gertrude church.**
- *Confidential financial assistance is available by contacting Mr. James Peterman, Dir. Of Faith Formation, at your parish office.*

For Office Use Only:

Payment Amount: \$ _____ Check #: _____ Cash: \$ _____ Date Paid _____