

St. Mary's Parish



Religious Education Center ♦ 5866 Main St. ♦ P.O. Box 177 ♦ Auburndale, WI 54412
715-652-2196

Health Form

Student's Name: _____ Birth Date: _____ Sex: _____ Age: _____
Last First Middle Initial

Grade: _____ Religious Education Teacher: _____

Parent(s)/Guardian(s): _____

Home Address: _____
Street City Zip

Home Phone: _____ Work Phone(s): _____

EMERGENCY CONTACT *(Designated person who will make decisions if parent/guardian is unavailable)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone(s): _____

HEALTH HISTORY: *Check and explain below. If there has been a serious medical occurrence within the last two years, include any recommendations or restrictions suggested by the attending physician.*

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/seizures	<input type="checkbox"/> Orthodontic device	<input type="checkbox"/> Drug allergy (what?)
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Strep throat	<input type="checkbox"/> Food allergy (what?)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart defect or disease	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Insect sting allergy
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Dietary restrictions	<input type="checkbox"/> Poison Ivy allergy
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Other restrictions	<input type="checkbox"/> Other allergy

☐ Special concerns _____

Explanation of any checked above: _____

Name of family Physician: _____ Phone: _____

Name of family Dentist/Orthodontist: _____ Phone: _____

Insurance Company: _____

MEDICATIONS: *If your son/daughter is currently taking a prescribed or over-the-counter medication and it needs to be administered while the child is in class, the medication must be up-to-date and in the original container, clearly labeled with your child's name, the name of the medication, dosage, and administration time(s). Please inform the Director of any medications. All medications will be kept with the Director and made available at the designated dosage times.*

Signature of Parent/Guardian _____ Date: _____

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Behavioral Contract

Since Faith Formation meets only once a week for one hour per week, everyone must cooperate in order to make this a positive learning experience. Parents, please go over this contract with your child. Be sure that your child understands the expectations for him or her, sign the form and have your child sign the form. Return the signed contract to your child's catechist. (Note: individual catechists will establish their individual group rules.)

I am here to learn about Jesus, God, and the Catholic Church. I will do my best to be open to listening to the Word of God and learning the teachings of Jesus and the Church.

I understand that I am obligated to make a committed effort to attend, and will be present for all sessions unless prevented by illness or by a valid, unavoidable obligation.

I understand that the room and desk I am using do not belong to me. I will not deface things that are not mine. I will respect the property of others at all times while on parish property.

I will follow the rules that are set up by my catechist. I will show respect for him/her by not talking when he/she is talking.

I will respect all the participants and adults in the Faith Formation Program.

I will remain in the room unless I have been given permission to leave the room by the catechist. If I must leave the room, I will not wander through the halls disturbing other groups of participants, and I will return promptly.

I will try to grow closer to Jesus this year by participating to the best of my ability in the Faith Formation Program and by praying with my heart.

If I willfully disregard the rules, I know the consequences:

- † First offense: verbal warning by the catechist.
- † Second offense: sent to the office or other location, length of time determined by catechist.
- † Third offense: parents will be called and required to come in and sit with their child during class.

Printed Name of Student _____ **Grade** _____

Signature of
Parent/Guardian _____ Date: _____

Signature of
Student _____ Date: _____

(Revised for 2022-2023)

**St. Mary's Parish
Religious Education Center
Auburndale, Wisconsin**

Statement of Compliance

I have read the handbook, as posted on the parish website or available as a print copy (when requested), have discussed the contents with my child or children, and I, on behalf of my child/children, agree to uphold and abide by all policies, regulations, and procedures as stipulated in the handbook.

Parent's Signature

Date

Family name (please print) _____

Photograph Release Consent

I hereby give my consent for the use of my child's or children's image in printed publicity materials, such as newspaper articles, the parish web site, or press releases.

Parent's Signature

Date

~ OR ~

_____ **No, we do not want our child's picture used in printed materials or the web site.**

Parent's Signature

Date



Diocese of La Crosse

SAFE ENVIRONMENT STUDENT TRAINING DECLINATION

The Diocese of La Crosse provides Safe Environment training **from the Catholic perspective** to participating individuals in its programs.

The substance and focus of Safe Environment Training is as follows:

Kindergarten-Second Grade: Students will learn about their **dignity** (their incredible worth) as **children of God** and the respect that each person deserves as a child of God. Students will learn about safety, safe environment and the care that is to surround them, the difference between appropriate, kind actions and behavior that makes them feel safe, secure and loved, and inappropriate, harmful actions and behaviors that makes them feel uncomfortable or unsafe.

Grade Three-Five: Students will learn about the virtue of **respect**, which is based upon the **dignity of each human person**. Students will learn the importance of saying "no" to inappropriate, harmful actions, behavior and touch that makes them feel uncomfortable or unsafe. Children will be encouraged to tell immediately a trusted adult when these situations arise and will learn about the buddy system.

Grades Six-Eight: Students will learn about how each person, including themselves, must be treated with **respect**. Students will learn about, and seek to develop or further develop, the virtue of **prudence**-making good decisions. Students will learn practical tips for keeping themselves safe and will discuss defensive and assertive body language to protect themselves.

High School: Students will understand virtue, which are **good moral habits**, and vice, which are bad moral habits. Students will discuss the virtue of **chastity** and **modesty**; learn practical steps for protecting themselves and others from sexual abuse, including the ability to recognize warning signs and how to react to abuse and the possible threat of abuse.

- ☐ I acknowledge that the Diocese of La Crosse has offered my child Safe Environment education by the Charter for the Protection of Children and Young People and by the Safe Environment Program of the Diocese of La Crosse.
- ☐ I am declining the training and do not want my student(s) to participate in the Safe Environment Program.

My reasons for opting out are: _____

Parent Name (printed): _____ Parent Signature: _____ Date: _____

Children(s) Name(s): _____

School/Parish: _____ System/City: _____