

Registration Forms for the 2025-2026 School Year

OUR LADY OF THE VISITATION-RELIGIOUS EDUCATION REGISTRATION 2025-2026 SCHOOL YEAR

Please Print

Parents/Guardians _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Cell Phone _____

Primary Email Address (Where you would like to receive messages. May include more than one.)

How can you be reached during class? _____

Emergency Contact (Name and Phone Number) _____

Child's Name	Grade '25-'26	Date of Birth	Sacraments (Student Already Received) ✓		
			Baptism	Communion	Confirmation
1.					
2.					
3.					
4.					
5					

Please list here any medications, health issues, allergies, restrictions, and/or other information that we need to know to best teach your child and to keep them safe. (Specify for each child.)

The registration fee is \$50 per child or \$100 per family with two or more children. Payments may be made at one time or in installments. Please contact Jolene Cramm with questions or concerns about the registration process.

Completed forms should be returned to the Religious Education or Parish Office.

☐ I am interested in learning about becoming a catechist or a substitute catechist. Please contact me.

THIS DOCUMENT HAS 2 PAGES. PLEASE COMPLETE BOTH PAGES

2025-2026

Emergency Medical Authorization Form

Our Lady of the Visitation Catholic Church

All information contained on this form is kept confidential.

Parents/Guardians of students are advised that photography or videotape of participants may be used in publications, websites, or other materials produced by the Religious Education Office of Our Lady of the Visitation Church, Shippensburg. (Students would not be identified.) Parents who do not wish to have their child(ren) photographed or videotaped should notify the Office in writing.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Physician _____ Phone _____

Emergency Contact _____ Phone _____

Parent Authorization for Medical Emergency Treatment (Sign *only one* place below)

In case of medical emergency, I understand every effort will be made to contact parents of the child. In the event I cannot be reached, I hereby give permission to the physician selected by Our Lady of the Visitation Church to secure treatment for child as named above.

Signature of Parent _____ Date _____

-----OR-----

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to so authorize said medical emergency care without my approval. I accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Signature of Parent _____ Date _____

Please complete and return this form to the Religious Education Office. Thank you! We look forward to a great year together!

THIS DOCUMENT HAS 2 PAGES. PLEASE COMPLETE BOTH PAGES