

Saint Edmund Religious Education
200 South Oak Park Avenue
Oak Park Ill., 60302
(708)848-7220

MEDICAL INFORMATION 2018-19
Authorization for Medical Treatment

Name of Child (first and last)	Grade	Medical Allergies	Special Needs

Parents/Guardians _____ Phone _____
(First and Last Name)

Cell Phone _____ Email _____

Name of Physician _____ Phone _____

Other contact in case of emergency
(This contact MUST be available when you are NOT!!)

Name _____ Phone _____

Relationship to Child _____

Medical Release

*In the event that the undersigned, or the authorized physician, cannot be reached and in the judgment of the Coordinator of Religious Education (or other person acting in that capacity), or other staff member, that there is a necessity for emergency and **immediate examination** and/or treatment of my child/children, I hereby authorize these personnel to obtain for my child/children such medical services as are deemed necessary.*

Parents /Guardians signature

Date

This release is effective from August 2018 through May 2019

(see other side)

**St. Edmund Religious Education
200 South Oak Park Avenue
Oak Park, Ill., 60302
(708)848-7220**

**EMERGENCY/DISASTER INFORMATION 2018-19
Authorization for Release of Student to someone other than
Parent/Guardian**

- In the event of any emergency/disaster, a child in religious education will be released to the PARENT/GUARDIAN ONLY. (In the event this is impossible the person listed on this form, will take responsibility for the release of the child from religious education).

- NO CHILD WILL BE ALLOWED TO WALK HOME AFTER A DIASTER, without direct permission from a PARENT/GUARDIAN (by phone contact with the coordinator or staff person in charge).

- No child will be released from the building until an all clear has been provided by someone in authority. In the case the building is not usable we will gather the children at the Church.

Child's Name(first & last)	Grade

Parents/Guardians

_____ Phone _____

(First and Last Name)

Cell Phone _____ Email _____

Person authorized by parent/guardian to accept release of student.

Name _____ Phone _____

Relationship to Child _____

Saint Edmund Religious Education
200 South Oak Park Avenue
Oak Park, Ill., 60302
(708)848-7220

Volunteer Form
2018-19

“...There are all sorts of service to be done, but always to the same Lord.” (1Cor.12:4)

We are asking you to help us continue the Religious Parish. You know the success of our programs depend YOU. Will you please indicate the area in which you would like to serve?

Level PK-8 Catechists

Sessions are held approximately every Sunday morning, September through April, from 10:30am until Noon. Catechist meet together once a month for faith enrichment sessions.

Substitute Catechists

A substitute catechist agrees to sub in the event that the regular catechist is unable to meet with his/her group. The substitute catechist is prepared for the session by the catechist for whom the person is substituting or by the Catechetical Leader of the program.

Aide

Teens who assist a catechist on a regular basis with such responsibilities as helping individual children, distributing materials, helping with prayers and celebrations, replacing materials after a session, etc. (If you have a high school age member of your family please give them this information.

Attendance Aide

Adults who are responsible for collecting and posting the attendance in the Religious Education records. In addition the attendance clerks help by monitoring the doors and hallways of the building while the children are in sessions.

Supervising Parent

Adults who would assist the catechist by being another adult presence in the room, and helping where needed.

PLEASE FILL OUT THE BACK OF THIS FORM AND RETURN WITH YOUR REGISTRATION.

NOTE: ALL ADULTS WHO VOLUNTEER IN PROGRAMS WHICH INVOLVE CHILDREN IN THE ARCHDIOCESE OF CHICAGO MUST TAKE THE PROTECTING GOD'S CHILDREN TRAINING.

I WOULD LIKE TO VOLUNTEER IN THE ST. EDMUND RELIGIOUS EDUCATION PROGRAM AS A:

WE NEED YOUR HELP

CATECHIST

SUBSTITUTE CATECHIST

TEEN AIDE

ADULT ATTENDANCE AIDE

SUPERVISING PARENT

Name _____

Telephone _____ E-Mail _____

Best time to reach you by phone _____ am _____ pm