St. Patricia Parish Religious Education

reled@stpatriciaparish.com 708-599-1221

2026 ST. PATRICIA PARISH SUMMER BIBLE STUDY

Family Last Name	Father's Name	Mother's Name

Street Address	City	Zip Code

Best Phone to be reached at:	Mother or Father (circle one)
	**

**E-MAIL ADDRESS REQUIRED-PLEASE PRINT CLEARLY, this is our main form of communication.

Complete ALL information for ALL Students				
	Child 1	Child 2	Child 3	Child 4
CHILD'S LAST NAME				
CHILD'S FIRST NAME				
Entering What Grade in September?				
T-shirt size				

Do any of your children have health concerns? Please provide information below.

Name	Physical/ Health problems, Allergies, etc.	Medication/ Treatment

Emergency Medical Information

Emergency Contacts *(Other than Parent/ Guardian)*

Name	Relationship	Phone Number

MEDICAL RELEASE — Authorization for Medical Treatment

In case of an emergency and 911 is called, I hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and medication deemed necessary.

✘ Parent/ Guardian Signature: _____ Date: _____/_____/_____

PHOTO RELEASE

Photos and/or videos may be taken during summer camp and bible study.

Please indicate your permission below for your student to appear in published photos and/or videos

☐ ***YES***, my child(ren) may be photographed and/or videoed.

☐ **NO**, my child(ren) may not be photographed and/or videoed

✘ Parent/ Guardian Signature: _____ Date: _____/_____/_____

COST

Payment can be made through www.givecentral.org (select religious ed tuition), by check made payable to St. Patricia Religious Education or with credit or debit card at 708-599-1221.

☐ $175.00 per child for sports camp if registered in the RE SIRE program

☐ $225.00 per child for Bible Study (two weeks)

☐ $150.00 per child for Bible Study (one week)

☐ $25.00 per child discount for Bible Study and Sports Camp

Total Due for family _____

Discount, if applicable _____

Total Due for family _____

Amount paid _____

By signing below, you agree to pay all charges in full.

✘ Parent/ Guardian Signature: _____ Date: _____/_____/_____