OUR LADY OF CONSOLATION PARISH RELIGIOUS EDUCATION

REGISTRATION 2026-2027

P.R.E. K-8 Classes Begin September 27th, 2026
9:15 a.m. – 10:45 a.m.
K-8 Students are asked to report to the cafeteria by 9:10 for announcements.

Preschool Bible Classes Also Begin September 27th, 2026
9 a.m. – 10 a.m.
PREK Parents are to drop off/pick up their child directly to the kindergarten classroom.

FOR OFFICE USE
REG.FEE
TOTAL_____
DATE
_____
CHECK# _____
[redacted] [redacted]
Staff Initials_____

NOTE: There will be a required parent meeting on the first day of classes from 9:20-10am located in the OLC cafeteria.

STUDENT LAST NAME:
STREET ADDRESS:

HOME PARISH OLC?: **IF NO, WHERE?:**

F E E S

Preschool Bible/P.R.E. Grades K-8 REGISTRATION FEES - $40
($90 maximum fee per family)
We are only accepting checks at this time!
PLEASE SUBMIT FEE WITH THIS FORM!

STUDENT

NAME:
BIRTHDATE:
SCHOOL: GRADE: **AGE:**

SACRAMENTS RECEIVED:

BAPTISM DATE: **1ST COMMUNION DATE:**
AT OLC? **IF NOT, WHERE?** _____ **AT OLC?** **IF NOT, WHERE?** _____

A COPY OF THE BAPTISMAL & FIRST COMMUNION CERTIFICATE(S) IS NEEDED FOR EACH STUDENT ***IF NOT PREVIOUSLY SUBMITTED.***

- HEALTH/LEARNING CONCERNS:
- IS YOUR CHILD ALLOWED TO WALK HOME ALONE AFTER PRE CLASS?
  IF NO, WHO WILL BE PICKING YOUR CHILD UP AFTER P.R.E.?

PARENTS/GUARDIANS

(PARENT 1)
NAME:
ADDRESS

PHONE:
EMAIL*:

(PARENT 2)
NAME:
ADDRESS

PHONE:
EMAIL*:

****E-mail & Remind** are frequently used methods of P.R.E. communication. Please fill out this field!*

EMERGENCY INFORMATION
IN THE EVENT OF AN EMERGENCY, IF WE ARE UNABLE TO REACH YOU, WE WILL CONTACT:

NAME:
RELATIONSHIP TO STUDENT:
PHONE NUMBER:

PHOTO CONSENT ***PLEASE INITIAL!** *_____ I/we give consent & authorize the release, reproduction and publication of photographs taken of my son/daughter during P.R.E. and may be used by Our Lady of Consolation Parish, as determined at its discretion, without notice or compensation. Names will not be used without further consent from you.*

K-8 FIELD TRIP CONSENT ***PLEASE INITIAL!** *_____I/we give consent for my son/daughter to attend educational walking field trips during their P.R.E. class time to Our Lady of Consolation Basilica, the Original Shrine Church, or the Shrine Park. Parents will be notified prior to these trip dates and will be welcome to attend as helpers.*

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EMERGENCY MEDICAL AUTHORIZATION FORM 2026-2027

STUDENT NAME: P.R.E. GRADE:

The purpose of an emergency medical form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PARISH RELIGIOUS EDUCATION K – 8 or PRESCHOOL BIBLE authority when parents or guardians cannot be reached. I understand and agree that OLC Parish/School is not responsible for any accidents or injuries.

ADDITIONAL CONTACT INFORMATION

PLEASE LIST BELOW INDIVIDUALS WHO ARE TO BE CONTACTED (INCLUDING PARENTS) TO PICK UP YOUR CHILD SHOULD THEY BECOME ILL OR GET INJURED AT SCHOOL. WE WILL CALL IN THE ORDER LISTED BELOW.

IT IS THE RESPONSIBILITY OF THE PARENTS TO INFORM PRE OF ANY CHANGES.

1. NAME	RELATIONSHIP	PHONE
2. NAME	RELATIONSHIP	PHONE
3. NAME	RELATIONSHIP	PHONE
4. NAME	RELATIONSHIP	PHONE

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

***I hereby GIVE consent** for the following medical care and local hospital to be called:*

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HOSPITAL: _____ PHONE: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors, or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below:

_____

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

ADDRESS (if different than above): _____

-OR-

PART II: REFUSAL TO CONSENT

***I do NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the P.R.E. Director to take the following action: _____*

_____

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

ADDRESS if different than above: _____

Miss Jaclyn Trausch, P.R.E. Director* ● 315 Clay St. Carey, OH. 43316 ● *419-396-1523 ext. 114* ● *pre@olcshrine.com