

# REGISTRATION FORM 2017-18

ID/Env. # \_\_\_\_\_

ALL CLASSES MEET 10:15 - 11:30

Rel. Ed. # \_\_\_\_\_

Child(ren)'s Last Name \_\_\_\_\_ Registration Date: \_\_\_\_\_

Mother's Complete Name (Last, First, Middle) \_\_\_\_\_ Phone # To Reach Mother \_\_\_\_\_

Mother's EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

Father's Complete Name (Last, First, Middle) \_\_\_\_\_ Phone # to reach Father \_\_\_\_\_

Father's EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

Child's Address: \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

Name and phone number of an emergency contact person (someone other than mother or father):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child lives with:  MOTHER & FATHER  MOTHER  FATHER  OTHER \_\_\_\_\_

Child's First Name	Birth date	Baptized Catholic?	First Confession?	First Communion?	School and grade in academic year 17-18	Office use only Grade in CCD	Office use only New Student
	/ /	YES or NO	YES or NO	YES or NO			
	/ /	YES or NO	YES or NO	YES or NO			
	/ /	YES or NO	YES or NO	YES or NO			
	/ /	YES or NO	YES or NO	YES or NO			

NEED SACRAMENT(S)?  YES  NO

WHICH SACRAMENTS? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Your signature indicates that all information provided is accurate. OVER

List any special medical, family, or learning needs regarding your child/ren that we need to be aware of:

1. **Learning** (ADD, ADHD etc.) \_\_\_\_\_
2. **Medical** (food, medicine, or allergies etc.) \_\_\_\_\_
3. **Family** circumstances (custody, every other weekend, etc.) \_\_\_\_\_

The success of our programs is dependent on our generous volunteers. Please look over the opportunities and check off on those in which you are able to help us:

I am interested in being trained as a Religious Education Catechist (see options below):

Weekly classes (K through 6)  Six Week classes for 7<sup>th</sup> & 8<sup>th</sup> Grades (classes change quarterly)

Lead a "Special" 6 week Class:  Baptism  1<sup>st</sup> Communion  1<sup>st</sup> Reconciliation

Assistant to the Catechist  Help with putting on a retreat/during a retreat

Substitute Catechist  Help WEEKDAYS with a project

**Other volunteer opportunities:**

Set-up and tear-down for Special Projects  Building un-locking on Sunday mornings

Help with putting on a retreat/during a retreat  Help plan craft activities for special events

Help in the Religious Ed Office on Sunday mornings during class

TOTAL FAMILY FEE <b>\$35.00 PER CHILD</b> \$ _____	AMOUNT PAID \$ _____
DONATION FOR SACRAMENT/ FAMILY \$ <u>20.00</u> _____	CHECK NUMBER _____
TOTAL AMOUNT DUE \$ _____	DATE PAID _____

List any special medical, family, or learning needs regarding your child/ren that we need to be aware of:

