

RELIGIOUS EDUCATION REGISTRATION



1st Child:

Student's Full Name: _____

Gender: M or F

Date of Birth: _____ School District: _____

Grade in Fall: _____ RE Grade: _____

Check which sacraments have been received:

Baptism Penance 1st Communion Confirmation

Health Issues/Allergies/Learning Difficulties:

Tuition

Before May 1 or new families

1 child: \$55; 2 children: \$95
3 or more children: \$125

After May 1

1 child: \$65 2 children: \$105
3 or more children: \$125

After July 1

1 child: \$80 2 children: \$115
3 or more children: \$155

2nd Child:

Student's Full Name: _____ Gender: M or F

Date of Birth: _____ School District: _____ Grade in Fall: _____ RE Grade: _____

Check which sacraments have been received:

Baptism Penance 1st Communion Confirmation

Health Issues/Allergies/Learning Difficulties:

Parent Signature _____ Date _____

Your signature gives Holy Infant Church permission to act in an emergency situation.

Please complete side two, also

Permission to Use Student Images

Please check:

_____ I give permission for my child(ren) listed on form to be in visual displays, including photographs, the parish website and facebook page, and video clips

FAMILY INFORMATION

FAMILY'S LAST NAME _____

FATHER'S NAME: _____ **RELIGION:** _____ **CELL #** _____

MOTHER'S NAME: _____ **RELIGION:** _____ **CELL#** _____

MOTHER'S MAIDEN NAME: _____

COMPLETE ADDRESS: _____

MOTHER'S EMAIL: _____ **FATHER'S EMAIL:** _____

MOTHER'S SIGNATURE: _____ **DATE** _____

FATHER'S SIGNATURE: _____ **DATE** _____

IS THERE A SHARED CUSTODY SITUATION IN YOUR FAMILY? Y N

EMERGENCY CONTACT (SOMEONE OTHER THAN A PARENT WHO CAN BE REACHED DURING CLASS TIME)

NAME: _____ **RELATIONSHIP** _____

PHONE: _____

**PARENTS ARE ENCOURAGED TO VOLUNTEER IN SOME CAPACITY IN THE RELIGIOUS EDUCATION PROGRAM.
PLEASE CHECK AREAS IN WHICH YOU WOULD LIKE TO HELP.**

_____ **TEACHER (NO TUITION FOR TEACHERS AND AIDES** _____ **TEACHER AIDE**

_____ **SUBSTITUTE TEACHER/AIDE** _____ **RETREAT HELPER** _____ **CHAPERONE**

_____ **ASSIST WITH PARISH FUNDRAISERS** _____ **ASSIST WITH INDIVIDUAL STUDENTS AS NEEDED**

_____ **ASSIST WITH YOUTH MINISTRY EVENTS** _____ **ASSIST WITH SPECIAL EVENTS**

_____ **VBS**

ALL ADULTS WORKING OR ASSISTING WITH ANY CHILDREN'S EVENT OR PROGRAM MUST FULFILL ALL THE REQUIREMENTS AND CLEARANCES OF THE DIOCESAN YOUTH PROTECTION PROGRAM.