

RELIGIOUS EDUCATION 2009/2010

Registration Form for Returning Students

REQUIREMENTS FOR REGISTRATION

- Registered, active member of Espiritu Santo Catholic Church
- All fees due at time of registration
- Registration Tuition: \$75.00 per child

Family Information

Family Last Name: _____ Envelope #: _____
(as registered with the Parish)

Father's (Stepfather) Name: _____ Mother's (Stepmother) Name: _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Unlisted? ____ Yes ____ No

E-mail Address: _____

Emergency Contacts:

In the event of an emergency, and we are unable to reach you, we will contact the following:

Name: _____ Phone: _____ Relationship: _____

Parent Involvement:

If you would like to volunteer, please check those areas in which you can assist.

THE FOLLOWING REQUIRE A **WEEKLY** COMMITMENT:

____ Catechist ____ Assistant ____ Office Clerk ____ Front Desk ____ Hall Monitor

THE FOLLOWING ARE ON AN **AS NEED** BASIS: ____ Substitute Catechist ____ Substitute Assistant

Parent/Guardian Consent: I consent to my child/children being registered in the Espiritu Santo Religious Education Program. I am aware that they will be instructed in Roman Catholic Doctrine and Traditions. As the person primarily responsible for my child's/children's faith formation, I agree to reinforce those teachings and practices by being registered in the parish, attending Mass weekly and using envelopes, and giving of my time talent and treasure to the parish. I also take responsibility for their attendance, and to instruct my child/children regarding proper behavior while attending Religious Education classes.

Parent Signature: _____ **Date:** ____ / ____ / ____

FOR OFFICE USE ONLY

Registration Fees: Date ____/____/____ Amount Paid _____ Cash _____ Check # _____

RELIGIOUS EDUCATION CLASS SCHEDULE

| DAY OF WEEK | GRADES | TIME |
|-------------|--------------------------|--------------------|
| Sunday | Kdg thru 5 th | 9:45 am – 11:00 am |
| Monday | Kdg thru 8 th | 6:15 pm – 7:30 pm |
| Tuesday | Kdg thru 8 th | 6:15 pm – 7:30 pm |

RETURNING STUDENT INFORMATION

Student 1 Name: _____ Religious Education Grade: _____
 Religious Education Grade: _____ Class Requested: ___ Sun 9:45 ___ Mon 6:15 ___ Tues 6:15
 Special instructions for the Catechist: _____

Student 2 Name: _____ Religious Education Grade: _____
 Religious Education Grade: _____ Class Requested: ___ Sun 9:45 ___ Mon 6:15 ___ Tues 6:15
 Special instructions for the Catechist: _____

Student 3 Name: _____ Religious Education Grade: _____
 Religious Education Grade: _____ Class Requested: ___ Sun 9:45 ___ Mon 6:15 ___ Tues 6:15
 Special instructions for the Catechist: _____

FAMILY MEMBER NEW TO THE PROGRAM

Student Name: _____
(Last) (First) (Middle)

Date of Birth: ___ / ___ / ___ Sex: M or F Grade in School: _____

This student lives with: ___ Mother and Father ___ Mother Only ___ Father Only
 ___ Mother and Stepfather ___ Father and Stepmother ___ Grandparent(s)
 ___ Other (Specify): _____

Requested Religious Education Grade: _____ Class Requested: ___ Sun 9:45 ___ Mon 6:15 ___ Tues 6:15

Last grade completed in Religious Education: _____ Where: _____

Are there any special needs your child has – such as medical conditions, learning needs, allergies, family situations, etc. – that we should be aware of? _____

Baptism: Yes No Year: _____ Where: _____ Catholic? Yes No
 First Communion: Yes No Year: _____ Where: _____
 Confirmation: Yes No Year: _____ Where: _____