

RELIGIOUS EDUCATION 2018/19

Registration Form

INSTRUCTIONS: Please fill out completely. **Payment is due at time of registration.**

- **Early Registration** until August 17: **\$75.00 per child**
- **Regular Registration** from August 18 – September 2: **\$85.00 per child**
- **Late Registration** after September 2: **\$100.00 per child**
- Sessions are filled on a first come, first served basis.
- Mail or return to the Religious Education office at the following address:
Religious Education Office
Espiritu Santo Catholic Church, 2405 Philippe Parkway, Safety Harbor, FL 34695

FAMILY INFORMATION

Fill out completely – please print

Family Last Name: _____
(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 contact:

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

1) Name: _____ Phone #: _____ Relationship: _____

PARENT INVOLVEMENT

Please check those areas in which you can assist.

THE FOLLOWING REQUIRE A **WEEKLY** COMMITMENT:

____ Catechist ____ Assistant ____ Front Desk ____ Office Help

—OVER—

FOR OFFICE USE ONLY

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

RELIGIOUS EDUCATION CLASS SCHEDULE

RELIGIOUS ED CLASSES		
DAY	GRADES	TIME
Sunday	K - 8th	10:15 - 11:30 am
Monday	1st - 8th	6:15 - 7:30 pm
Tuesday	1st - 8th	6:15 - 7:30 pm

CATECHESIS OF THE GOOD SHEPHERD		
DAY	Classes/Ages	TIME
Sunday	Toddler Atrium Ages 18mo-3yrs	8:30 – 10:00 am 10:00 - 11:30 am
Sunday	Level 1:ages 3 – 5	8:30 - 10:00 am
Sunday	Level 1:ages 3 - 5	10:00 - 11:30 am
Sunday	Level 2:ages 6 - 8	10:00 - 11:30 am
Monday	Level 2:ages 6 - 8	6:00 - 7:30 pm
Tuesday	Level 3:ages 9-12	6:00 -7:30 pm

RETURNING STUDENT INFORMATION

Student 1 Name: _____ Religious Education Grade: _____

RE Requested Class: ___Sun 10:15 - 11:30 am ___Mon 6:15 - 7:30 pm ___Tues 6:15 - 7:30 pm

CGS Requested Class: ___Sun Toddler Atrium 8:30 am ___Sun Toddler Atrium 10:00 am
 ___Sun - Level 1: 8:30 - 10:00 am ___Sun – Level 1: 10:00-11:30 am
 ___Sun - Level 2: 10:00 - 11:30 am
 ___Mon - Level 2: 6:00 - 7:30 pm ___Tues - Level 3: 6:00 - 7:30 pm

What school does your child attend? _____

Special instructions or information for the Catechist: _____

Student 2 Name: _____ Religious Education Grade: _____

RE Requested Class: ___Sun 10:15 - 11:30 am ___Mon 6:15 - 7:30 pm ___Tues 6:15 - 7:30 pm

CGS Requested Class: ___Sun Toddler Atrium 8:30 am ___Sun Toddler Atrium 10:00 am
 ___Sun - Level 1: 8:30 - 10:00 am ___Sun – Level 1: 10:00-11:30 am
 ___Sun - Level 2: 10:00 - 11:30 am
 ___Mon - Level 2: 6:00 - 7:30 pm ___Tues - Level 3: 6:00 - 7:30 pm

What school does your child attend? _____

Special instructions or information for the Catechist: _____

Student 3 Name: _____ Religious Education Grade: _____

RE Requested Class: ___Sun 10:15 - 11:30 am ___Mon 6:15 - 7:30 pm ___Tues 6:15 - 7:30 pm

CGS Requested Class: ___Sun Toddler Atrium 8:30 am ___Sun Toddler Atrium 10:00 am
 ___Sun - Level 1: 8:30 - 10:00 am ___Sun – Level 1: 10:00-11:30 am
 ___Sun - Level 2: 10:00 - 11:30 am
 ___Mon - Level 2: 6:00 - 7:30 pm ___Tues - Level 3: 6:00 - 7:30 pm

What school does your child attend? _____

Special instructions or information for the Catechist: _____

FAMILY MEMBER NEW TO THE PROGRAM

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

Date of Birth: ____/____/____ Sex: _____ Grade in School: _____ Religious Ed. Grade: _____

RE Requested Class: ___ Sun 10:15 - 11:30 am ___ Mon 6:15 - 7:30 pm ___ Tues 6:15 - 7:30 pm

CGS Requested Class: ___ Sun Toddler Atrium 8:30 am ___ Sun Toddler Atrium 10:00 am
___ Sun - Level 1: 8:30 - 10:00 am ___ Sun - Level 1: 10:00-11:30 am
___ Sun - Level 2: 10:00 - 11:30 am
___ Mon - Level 2: 6:00 - 7:30 pm ___ Tues - Level 3: 6:00 - 7:30 pm

What school does your child attend? _____

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.?

Baptism: ___ Yes ___ No Catholic? ___ Yes ___ No First Communion: ___ Yes ___ No

FAMILY MEMBER NEW TO THE PROGRAM

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

Date of Birth: ____/____/____ Sex: _____ Grade in School: _____ Religious Ed. Grade: _____

RE Requested Class: ___ Sun 10:15 - 11:30 am ___ Mon 6:15 - 7:30 pm ___ Tues 6:15 - 7:30 pm

CGS Requested Class: ___ Sun Toddler Atrium 8:30 am ___ Sun Toddler Atrium 10:00 am
___ Sun - Level 1: 8:30 - 10:00 am ___ Sun - Level 1: 10:00-11:30 am
___ Sun - Level 2: 10:00 - 11:30 am
___ Mon - Level 2: 6:00 - 7:30 pm ___ Tues - Level 3: 6:00 - 7:30 pm

What school does your child attend? _____

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.?

Baptism: ___ Yes ___ No Catholic? ___ Yes ___ No First Communion: ___ Yes ___ No

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: _____