

**St. Patrick's Religious Education  
Registration Form  
2020-2021 School Year**

Date: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
(One student per sheet)

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Name of public/private school attending **Sept 2020:** \_\_\_\_\_ **Grade in Sept 2020:** \_\_\_\_\_

**Current** Grade in Religious Education: \_\_\_\_\_

**New Students must also complete a New Student Information Form**

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**Please check desired class time for 2020-2021:**

\_\_\_\_\_ Sunday 10:10am -11:40am (Grades 1-8)

\_\_\_\_\_ Tuesday 3:45pm-5:00pm (Grades 1-5)

\_\_\_\_\_ **Tuesday 6:30pm-8:00pm** (Grades 6-8)

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**Registration Deadline:** March 24th, 2020 (\$50 late fee after that date)

- ❖ Registration will **NOT** be accepted without payment or a completed Special Financial Assistance Request Form. Please do **NOT** delay registration for financial reasons. Contact the office for a copy of the form.

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**The program is a volunteer program and each family is required to volunteer in some way. Please check off at least one area below that you will help with.**

\_\_\_\_\_ Teacher                      Grade(s) \_\_\_\_\_                      Day \_\_\_\_\_

\_\_\_\_\_ Aide                              Grade(s) \_\_\_\_\_                      Day \_\_\_\_\_

\_\_\_\_\_ Substitute Teacher      Grade(s) \_\_\_\_\_                      Day \_\_\_\_\_

\_\_\_\_\_ Baby sitting on Tuesday afternoon for children of Teachers/Aides.  
The more volunteers we get for this the less you will have to help. It might just be once or twice a semester.

\_\_\_\_\_ Office assistance

**Please read the back of this form and sign.  
Return to the Religious Education Office by March 24th.  
Include Payment. See Cover sheet for tuition information.**

**Complete page two →**

Office use only: Date \_\_\_\_\_ Payment \_\_\_\_\_

**Students Name:** \_\_\_\_\_

**Please read and INITIAL each item and sign at bottom of page.**

\_\_\_\_\_ I understand that the classes are filled on a first-come-first-serve basis.

\_\_\_\_\_ I understand that the program is made possible by the many volunteer teachers and aides.

\_\_\_\_\_ I understand that actual class assignments and teachers will not be made until late August.

\_\_\_\_\_ I understand that there is no guarantee that the requested class day or placement is possible.

\_\_\_\_\_ **I understand that the attendance at weekend Mass is a requirement of the program and will make every effort to bring my child to weekend Mass.**

\_\_\_\_\_ I have read and fully understand the Program Handbook. (Available in the office – they were given out when you joined the program)

\_\_\_\_\_ I will notify the Religious Education Office with any changes in personal contact information, changes in medical information or change in Emergency contact information that has been provided in the past.

\_\_\_\_\_ I have reviewed my child’s schedule for the coming year and will make sure that NO ongoing conflicts with other activities exist. **I believe that the education in my faith is the top priority and will not allow my child to be absent from Religious Education classes for other activities.** (ie – 5<sup>th</sup>/6<sup>th</sup> grade parents – please be aware that Sunday classes will conflict with football. If your child has any intention of playing football DO NOT register them for the Sunday classes.)

Has your child ever been a part of a NON-CATHOLIC religious education program?

YES \_\_\_\_\_

NO \_\_\_\_\_

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**IN CASE OF ACCIDENT/ILLNESS REQUIRING IMMEDIATE MEDICAL ATTENTION:**

If I am unable to be reached, I authorize the representative of St. Patrick’s Religious Education Program to call the physician below. If unable to contact this physician, the representative may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Conditions and allergies: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_