

St. Alexander Catholic Church  
Religious Education Registration  
2021-2022 School Year



Family Contact Information:

Parents/Guardians

|                                      |   |  |            |            |       |       |
|--------------------------------------|---|--|------------|------------|-------|-------|
| First name                           | _____                                       | Last name                              | _____      |            |       |       |
| Address                              | _____                                       |  |            |            |       |       |
| Phone 1                              | _____                                       | Text program updates to this number?   | Yes / No   |            |       |       |
|                                      | <i>Type (circle one) Home / Cell / Work</i> |  |            |            |       |       |
| Phone 2                              | _____                                       | Text program updates to this number?   | Yes / No   |            |       |       |
|                                      | <i>Type (circle one) Home / Cell / Work</i> |  |            |            |       |       |
| Email                                | _____                                       | Email program updates to this address? | Yes / No   |            |       |       |
| Religion                             | _____                                       | Language(s) spoken                     | _____      |            |       |       |
| Relationship to student (circle one) | Mother                                      | Father                                 | Stepmother | Stepfather | Other | _____ |

|                                      |   |  |            |            |       |       |
|--------------------------------------|---|--|------------|------------|-------|-------|
| First name                           | _____                                       | Last name                              | _____      |            |       |       |
| Address                              | _____                                       |  |            |            |       |       |
| Phone 1                              | _____                                       | Text program updates to this number?   | Yes / No   |            |       |       |
|                                      | <i>Type (circle one) Home / Cell / Work</i> |  |            |            |       |       |
| Phone 2                              | _____                                       | Text program updates to this number?   | Yes / No   |            |       |       |
|                                      | <i>Type (circle one) Home / Cell / Work</i> |  |            |            |       |       |
| Email                                | _____                                       | Email program updates to this address? | Yes / No   |            |       |       |
| Religion                             | _____                                       | Language(s) spoken                     | _____      |            |       |       |
| Relationship to student (circle one) | Mother                                      | Father                                 | Stepmother | Stepfather | Other | _____ |

How often does your family attend mass? \_\_\_\_\_ At what parish? \_\_\_\_\_  
Information and materials for the parents/guardians should be provided in (choose one) English Spanish

# St. Alexander Catholic Church - Religious Education Registration 2021-22

## Student

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
Sex (circle one) male female Date of birth \_\_\_\_\_  
Grade in September 2021 \_\_\_\_\_ School \_\_\_\_\_  
Language(s) spoken \_\_\_\_\_  
With whom does the student currently live? \_\_\_\_\_

## Sacraments

Check one:

- Seeking baptism. (Please attach copy of birth certificate and choose RCIA session below in addition to regular session according to age.)  
 Baptized and preparing for First Communion or Confirmation (Please attach copy of baptismal certificate.)  
 Returning Youth Group Student, baptized and confirmed in the Catholic faith.

## Sessions

**Grades 1-6 Family Sessions** meet once a month.  
Parents or adult family member must attend with children.

**Check here if second year** \_\_\_\_\_

Check one:

- Saturday (Spanish) 9:00-10:00 AM  
 Monday (Spanish) 6:00-7:00 PM  
 Tuesday (English) 6:00-7:00 PM

### Additional RCIA session Grades 1-12 seeking baptism.

Mass and Family session every other week  
in addition to grade-level session. Check  
one:

- Sundays 9:00 am (English)  
 Sundays 11:00 AM (Spanish)

**Grades 7-8 Youth Group** meets every other week. 8<sup>th</sup> graders eligible for First Year Confirmation

**Check here if second year** \_\_\_\_\_

- Thursdays (bilingual) 7:00-8:30 PM

**Grades 9-12 Confirmation - First and Second Year** Meets every other week.

*12<sup>th</sup> graders who are 18 must register as adult students or volunteers.*

**First year Confirmation (and/or First Communion or RCIA) students.** Check one:

- First year Confirmation Class (bilingual on-line instruction with volunteer opportunities.) **OR**  
 Youth Group - Thursdays (bilingual) 7:00-8:30 PM

**Second year Confirmation (and/or First Communion or RCIA) students:**

- Second-year Confirmation Class Sundays 5:00-6:30 PM

**Returning students:**

- Youth Group – returning students (already confirmed) Thursdays (bilingual) 7:00-8:30 PM

## Medical Information

Last tetanus vaccine/booster date \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Allergies (food, medicines, insects) \_\_\_\_\_

Any physical or other restriction because of medical condition \_\_\_\_\_

Information about any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention \_\_\_\_\_

# Permissions

Name and relationship to the student of any person, in addition to the parents/guardians named above, who are authorized to drop off and pick up the student (students are allowed to leave only in the company of the parent/guardian or an authorized person)

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### Dismissal (Youth Group and Confirmation Students only) (check one)

- My son/daughter **does NOT** have permission to leave St. Alexander Church alone.
- My son/daughter **does** have permission to leave St. Alexander Church alone, after first checking out with the adult coordinator.

### Photography release (check one)

- I do** give permission for St. Alexander Church to use my son's/daughter's photograph for publicity, including (but not limited to) our website and social media. Images will never be used for profit, but only to promote parish programs.
- I do NOT** give permission for St. Alexander Church to use my son's/daughter's photograph for any purposes.

### Direct Communication with Youth Group and Confirmation Students (check one)

- I give permission for my son/daughter to be sent e-mails and texts through the Flocknote system.  
Student e-mail: \_\_\_\_\_ student phone number for text: \_\_\_\_\_
- I do NOT** give permission for my son/daughter to be sent e-mails and texts.

### Permission in Case of Emergency

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Please number in order of preference the steps you wish us to take.

- Contact the parents/guardians named above.
- Contact another person. Name and phone number \_\_\_\_\_
- Contact family physician. Name and phone number \_\_\_\_\_
- Take student to the nearest emergency hospital.
- Other \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Group or identification number \_\_\_\_\_

## Parent Permission /Release and Waiver

I, the parent/guardian of the student(s) named above, give my permission for his/her participation in Religious Education at St. Alexander Church and in all related activities. I agree to instruct the student to obey and follow the reasonable instructions of the staff and adult volunteers. I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my son/daughter. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

|            |       |
|------------|-------|
| Office use |       |
| Date rec'd | _____ |
| By         | _____ |
| Env. #     | _____ |
| \$40       |       |
| Receipt    | _____ |