

## **St. Clare of Assisi Catholic Church – Religious Education Program**

Registration runs through **August 31<sup>st</sup>**!

If you need additional forms, contact the Parish Office: (703) 266-1310; or by email at [office@stclareclifton.org](mailto:office@stclareclifton.org).  
Forms are also available in the vestibule, on the Religious Education bulletin board.

Please mail (drop by the office):

- All four attached forms, (1) **Registration form**; (2) **Religious Education Program Release Form**; (3) **Medical/Surgical Proxy, Designation, and Release form**; and (4) **Inclement Weather Form**
- **Copy of Baptismal Certificate(s)** if registering children **grades 2 or 8**; and
- **Payment** to the Parish Office so that it is received **by August 31**. Please see registration form for fee schedule.

St. Clare of Assisi Catholic Church  
Attn: Religious Ed  
12409 Henderson Road  
Clifton, VA 20124

~~Late registration: Registrations received after August 31 are subject to a \$50 late registration fee.~~

### **Class Schedule**

To Be Determined: As of finalization of this packet, we are still determining how we will handle the COVID-19 crisis with respect to our classes. At this time, we expect to use a combination of in-person and virtual sessions. The final plan will be released no later than mid-August.+

- We plan to begin our classes on **Sunday, September 13, 2019**. There will be a make-up day included in the schedule *for inclement weather and will only be used if needed*.
- **There is no Kindergarten class** – Kindergarten will only be offered as a homeschooling option. To register your child, please contact the office to request the Homeschooling registration form. Parents with registered Kindergartners will receive the student workbook and teacher manual when classes begin in the fall.
- **For 2<sup>nd</sup> graders:** There is a mandatory parents' meeting for First Penance and First Holy Communion and will be scheduled after the Christmas break.
- **Preparation for the Sacrament of Confirmation is a 2+ year program that begins in 7<sup>th</sup> grade and ends with Confirmation in the fall of the 9<sup>th</sup> grade year.** Parents with 8<sup>th</sup> graders who were not enrolled in 7<sup>th</sup> grade religious education classes or attending a Catholic school should contact Deacon Mike for guidance. Registration is carried over from the 8<sup>th</sup> grade for continuing 9<sup>th</sup> Graders who will be receiving the Sacrament of Confirmation in the fall of 2020 (we are still awaiting word at to the schedule holding due to COVID): No further registration or fees are required.
- **Parents who have children attending a diocesan or private Catholic school**, who would like their children to receive the Sacraments at St. Clare's must notify the church office and pay the applicable sacramental fee. Note that for Confirmation, parents must register their children prior to the beginning of the 8<sup>th</sup> grade year to allow time to meet all requirements.
- **Requests for home schooling** (other than Kindergarten) are addressed on a case-by-case basis. Please contact the office if you are seeking this alternative.

**Please consider volunteering as a Catechist or Aide!** The instructional fee is waived for any child whose parent is volunteering as a Catechist or Aide for the school year. No teaching experience or specific education is required. You must be a practicing Catholic and meet the diocesan child protection requirements (background check and training seminar). Please contact the office if you are interested in volunteering; or simply indicate your interest on the registration form and you will be contacted.

**St. Clare of Assisi Office**  
**703-266-1310**  
**[deaconmike@stclareclifton.org](mailto:deaconmike@stclareclifton.org)**

# St. Clare of Assisi Catholic Church

## RELIGIOUS EDUCATION REGISTRATION

### Grades 1-8

For Office Use Only:	
Date Rec'd: _____	Late _____
Check # _____	Paid: \$ _____
CCD Release _____	Med Release _____
Inclement Weather _____	Baptismal Cert _____

**REGISTRATION DEADLINE IS AUGUST 31**

FAMILY LAST NAME: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone (Father): \_\_\_\_\_ Work/Cell Phone (Mother): \_\_\_\_\_

Home Address: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

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

Parents Marital Status:  Married  Separated\*  Divorced\*  Widowed  Single

Children Resides with:  Mother  Father  Both Parents  Other (Name & Relationship) \_\_\_\_\_

Child will be picked up by \*: \_\_\_\_\_ \*Please call the office if there are special arrangements

*Religious Education Fees For Families Registered at St Clare — Note: If your registration will be received after Aug 31, please add \$50 Late Fee*

**\$80** for 1 child; **\$135** for 2 children; **\$165** for 3 or more children = \_\_\_\_\_ Instructional Fee (Waived? \_\_\_ \*)

\_\_\_\_\_ (# of children being registered for 2<sup>nd</sup> grade ) x **\$20** = \_\_\_\_\_ Sacramental Fee -- **Attach Baptismal Certificate(s)**

\_\_\_\_\_ (# of children being registered for 8<sup>th</sup> grade ) x **\$30** = \_\_\_\_\_ Sacramental Fee -- **Attach Baptismal Certificate(s)**

~~If Registration and Payment will be received after Aug 31, Add \$50~~ = ~~\_\_\_\_\_ Late Fee (if applicable)~~

Total Payment = \_\_\_\_\_

Please Make Check Payable to: St. Clare of Assisi Catholic Church Write on Memo Line of Check: "Religious Education"

<p><b>Is Your Family Registered with St. Clare's?</b></p> <p style="text-align: center;">_____ Yes _____ No</p>	<p><b>NON-REGISTERED families may register on a space-available basis. Please contact the Minister of Religious Education prior to enrolling to confirm availability. The fee for NON-REGISTERED families is \$115 (instructional fee) per child; sacramental fee is additional.</b></p>
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Student's Full <u>Legal</u> Name			M/F	Please indicate if your child has received:				Date of Birth	Enrolled Last Year?	Grade in Sep	Name of School
				Baptism	Penance	Eucharist	Confirmation				
First	Middle	Last									

**Emergency Contact Other Than Parents** (The person to be contacted if your child is not picked up within 15 minutes after class has ended. We contact parents first):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any **allergies, medications or other pertinent physical information**, as well as any **learning disabilities, emotional or psychological problems and special learning requirements**: \_\_\_\_\_

**Our program depends on the efforts of many volunteers! Please indicate below if you are interested in helping this year and wish to be contacted.**

\_\_\_\_\_ Catechist\* \_\_\_\_\_ Aide\* \_\_\_\_\_ Substitute Catechist or Aide \*Note: Instructional Fees are waived for parents volunteering as Catechists or Aides

**Submit completed Registration form; Religious Education Program Release; Medical/Surgical Proxy, Designation, and Release; Inclement Weather form and payment to: St. Clare of Assisi Catholic Church, Attn: Religious Education, 12409 Henderson Road, Clifton, VA 20124**

# ST. CLARE OF ASSISI CATHOLIC CHURCH

## RELIGIOUS EDUCATION PROGRAM RELEASE FORM

Rev. Thomas J. Lehning, Pastor  
St Clare of Assisi Parish  
Clifton, Virginia

Dear Fr. Lehning:

I am a member of \_\_\_\_\_ parish and the parent of :

\_\_\_\_\_, age \_\_\_\_; \_\_\_\_\_, age \_\_\_\_; and

\_\_\_\_\_, age \_\_\_\_\_. I am requesting that my child(ren) be admitted to participation in the parish's religious education program for the **2020-2021** school year. **I am aware of the attendance policy in the Parent's Guidelines. Strict adherence to attendance is important throughout the entire school year, especially in grades 2, 7 and 8. If there are any restrictions on who picks up my child(ren) I will inform the Minister of Religious Education (MRE) and/or my child(ren)'s teacher as soon as possible.** When you have accepted and signed this document, it will become our agreement regarding my child(ren)'s participation.

I understand that the program is conducted by volunteer members of the parish, under the direction of the Pastor and the Minister of Religious Education, and in compliance with rules established for parishes in the Diocese of Arlington by the Bishop of Arlington.

I hereby give the persons mentioned above permission to include my child in Program field trips, outings, and other activities that are supervised and chaperoned by adult members of the Parish.

In consideration of the caring work of our Pastor and Minister of Religious Education and the dedication of the volunteer teachers, aides, chaperones, drivers, and others who make the Program possible by their efforts on my child(ren)'s behalf, I hereby release and promise to refrain from initiating any legal action on my own or my child(ren)'s behalf against the Bishop, the Parish, the Pastor, the Minister, or any volunteer assisting in the Program, should any Program activity result in illness or injury to my child(ren) that is not the result of willful misconduct or gross negligence on the part of any of them. I understand that the initiation of such an action could bring unintentional but substantial harm to all of them, to the Parish, and the Program.

I furnish the enclosed information regarding my child(ren)'s health and medical condition in confidence to the persons mentioned above, for their general guidance in dealing with my child(ren), and for their use in any emergency affecting my child(ren). I agree that my furnishing of this information for such use by them shall not result in any greater liability on the part of any person mentioned above, or on the part of the Parish or the Diocese, than would otherwise exist in light of this letter.

Sincerely,

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Accepted: \_\_\_\_\_  
Pastor

\_\_\_\_\_  
Date

**[Medical info, contacts, and authority to authorize emergency medical treatment attached.]**

Last Name: \_\_\_\_\_

## ***MEDICAL/SURGICAL PROXY, DESIGNATION, AND RELEASE***

I am the parent or guardian of the child(ren) mentioned below.

I hereby designate the representative of St. Clare of Assisi Catholic Church (the "Parish") who accompanies my child(ren) during any Church-sponsored activity, including any field trip or outing, as follows:

If either parent or guardian mentioned below cannot be reached in a timely manner at the telephone numbers listed below, then:

- in the event of any life-endangering medical emergency or grave illness or injury, that representative may authorize medical and surgical procedures necessary to preserve life and/or prevent or reduce serious permanent injury; and
- in the event of minor illness or injury, that representative may authorize necessary preliminary and/or palliative medical treatment.

I hereby release and agree to hold harmless that representative, the Parish, and each medical facility and practitioner providing medical and/or surgical attention to my child(ren) in reliance upon this designation, such authorization, and the medical information provided below, from liability (except liability for willful misconduct or gross negligence) in the authorization or the provision of such medical and/or surgical treatment and procedures.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Other Telephone

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Other Telephone

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Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Insurance Plan Description: Issuer \_\_\_\_\_ Group \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Illnesses and Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

Other Information regarding Child's Health: \_\_\_\_\_

*Continuation of Medical/Surgical Proxy, Designation, and Release*

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Insurance Plan Description: Issuer \_\_\_\_\_ Group \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Illnesses and Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

Other Information regarding Child's Health: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Insurance Plan Description: Issuer \_\_\_\_\_ Group \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Illnesses and Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

Other Information regarding Child's Health: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Insurance Plan Description: Issuer \_\_\_\_\_ Group \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Illnesses and Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

Other Information regarding Child's Health: \_\_\_\_\_

(Make additional copies of this page as necessary for additional children in the family)

**St. Clare Religious Education Program  
Inclement Weather Contact Information**

To ensure all parents are contacted of class cancellation, due to inclement weather please provide the following information. We will make every effort to get the word out as early as possible, however, please keep in mind you might be contacted after 9pm the night before class or at 8am the day of class.

Child(ren)'s Name(s): \_\_\_\_\_

Parent Names: \_\_\_\_\_  
\_\_\_\_\_

Other Point of Contact: \_\_\_\_\_

**Best method of contact:**

Phone:

Home: \_\_\_\_\_

Cell(s): \_\_\_\_\_ / \_\_\_\_\_

Email(s): \_\_\_\_\_ / \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date