

Norther Butler County Parish Grouping Office of Religious Education

2020-2021 Registration Form

Dear Parents,

- Please fill-out this form for your child/ children who will be attending Religious Education this Fall. Due to the difficult financial times caused by the pandemic, there will be no fee for Religious Education this year.
- All classes for our parish grouping will be on-line until at least January. We will reevaluate in November and, if deemed safe, we will return to in-person learning at all 3 sites during the Spring.
- Registration forms can be printed from www.rockcatholic.org and sent to the Parish Office (342 Normal Ave, Slippery Rock, PA), faxed to 724-794-1255, or emailed to education@rockcatholic.org
- More information will be forthcoming about picking up textbooks and how to access on-line learning. Please make sure you look for emails to come from education@rockcatholic.org . Thank you for your help, patience, and constructive feedback as we seek to serve our families and educate our precious young people in this new format.

Family Name: _____ Number of children in Religious Education _____

Check which parish you belong to: ___ St. Alphonsus ___ St. Christopher ___ St. Peter

Primary Contact Information:

Address: _____

City _____

State _____ Zip _____

School District _____ Home phone: _____

E-mail address (So we can send information and forms via e-mail):

Parent Information:

Mother's name _____

Father's name _____

Maiden Name _____

Religion/ Denomination _____

Religion/ Denomination _____

Phone number _____

Phone number _____

On-line learning:

Does your family have access to internet: Yes No

Baptismal Certificates:

For those entering 2nd grade and preparing for 1st Communion and those entering 8th grade preparing for Confirmation, if you were not Baptized at one of our 3 parishes in Northern Butler County, we will need a copy of your child's Baptismal Certificate. Thank you.

Student #1 (Please begin with oldest child): _____ Male _____ Female

Full Name _____ Nickname _____

Birthdate ___/___/_____ School _____ Grade in School (Fall 2020) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, custody concerns, special educational and/or behavioral traits)

Note: Parents are welcome to contact the Religious Education office throughout the year if they would like to discuss or supplement medical information provided. If action needs to be taken for a medical concern, such as an epi-pen, please let us know.

Student #2 _____ Male _____ Female

Full Name _____ Nickname _____

Birthdate ___/___/_____ School _____ Grade in School (Fall 2020) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, custody concerns, special educational and/or behavioral traits):

Student #3 _____ Male _____ Female

Full Name _____ Nickname _____

Birthdate ___/___/_____ School _____ Grade in School (Fall 2020) _____

Sacrament Information:

Baptism: Church: _____ City/ State: _____

Reconciliation: Church: _____ City/ State: _____

Eucharist: Church: _____ City/ State: _____

Health, Medical, and Special Needs (i.e. Chronic health concerns, custody concerns, special educational and/or behavioral traits):

Information on this form will remain confidential and will only be shared with Catechists for the safety and wellbeing of your child/ children. If you have any questions or concerns, please contact Katie Boosel at education@rockcatholic.org or by cell at 724-953-1669.