

ST. CORNELIUS CHURCH
PARISH RELIGIOUS EDUCATION PROGRAM
2021-2022 REGISTRATION FORM

For Office Use Only			
Family Name	Parish ID #		
Total Due	Amount Rec'd	Date	Check
Amount Balance	Notes		

INSTRUCTIONS

1. Please complete **both sides** of this form and return to the Parish Life Center along with your registration fee.
2. **First time registrants:** if your child was baptized or received their First Eucharist in a Church other than St. Cornelius, please submit a copy of their Sacrament Certificates with the completed registration form.

CHILD(REN) INFORMATION

FIRST CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2021-2022 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First time registrants, please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)
SECOND CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2021-2022 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First time registrants, please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)
THIRD CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2021-2022 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First time registrants, please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)

FAMILY INFORMATION

Family Name	Home Phone #
Address (Street, City, Zip)	
Father's Name	Mother's First and Preferred Last Name (Maiden Name)
Father's Religion	Mother's Religion
Father's Cell #	Mother's Cell #
Email Addresses for PREP correspondence (please provide at least one)	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Student Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Are there any custody/legal issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<i>(An up to date copy of a Custody Order must be submitted to the Director of Religious Education before the first class session.)</i>	

MEDICAL/LEARNING INFORMATION

I give permission that, in my absence, my child(ren) whose name(s) appear on page 1 of this registration form may receive emergency medical care for injuries and all situations that should occur while participating in the Parish Religious Education Program and activities at St. Cornelius Church.

Signature (Parent/Legal Guardian): _____ Date: _____

To help ensure your child(ren)'s well being, please complete the box below, providing details as applicable.

Child's First Name	Medical Conditions/Allergies	IEP/504
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if we are unable to contact the parent/legal guardian, who should we contact?

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

AUTHORIZED PICK-UP INFORMATION

In addition to the parents/legal guardians of the child(ren), please list the individual(s) who are authorized to pick-up the child(ren) from the program. If part of a carpool, please indicate that on the relationship line.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OTHER INFORMATION

Please provide any other information about your child that we should be aware of, such as IEP/504 details or custody concerns _____

I give permission for my child(ren)'s picture to appear on the parish website, bulletin, be streamed during sacraments or other media in relation to events that happen in the Parish Religious Education Program. Yes No

REGISTRATION INFORMATION

The Registration Fee is as follows:

\$200.00 for the first child; **\$75.00** for each additional child.

**Fees are non-refundable. *Registration deadline is May 1, 2021 for summer programs and July 1, 2021 for all other classes. After the deadline, students will be admitted if class size permits. Classes are filled on a first-come basis and may fill up.*

Please indicate your preferred class option(s):

Sundays (10:00-11:15 am, grades 1-7 (Hybrid of in person and virtual)

Virtual Family Program

Summer Session A (June 21-25, 2021 8:30 am-2:30 pm + 4 Sunday sessions, grades 3-7)

Summer Session B (August 2-6, 2021 8:30 am-2:30 pm + 4 Sunday sessions, grades 3-7)

By your signature below, you affirm and accept the policies and procedures of the Parish Religious Education Program, including those listed in the Family Handbook, attendance at weekly Mass, and volunteering as your schedule permits.

Printed name of person completing the registration

Signature of person completing the registration

Relation to child(ren)

Date