

# 2019-2020 RE & YM REGISTRATION FORM

All Saints Catholic Church, Religious Education  
 650 NE 52<sup>nd</sup> Ave., Des Moines, IA 50313  
 515-265-5001 ext. 211

Pd		Registration Form	
Ck #		Medical Release	
Rcvd by		Handbook Agreement	
		Bapt. Cert. w/notation	
		Volunteer Form	

**Registration Fee:** (Make check payable to All Saints Catholic Church)

I am a Registered Parishioner

Fee: \$95.00 for 1 child, \$190 for 2 or more children (In the same family)

I am not registered with All Saints Catholic Church

Fee: \$190.00 for 1 child, \$380 for 2 or more children (In the same family)

(If you would like to register with All Saints please go to [www.dmall Saints.org](http://www.dmall Saints.org) and complete the parish registration form)

**Parent / Guardian Information:**

Mother's name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (religion) \_\_\_\_\_

Father's name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (religion) \_\_\_\_\_

**Children live with:**

Both Parents     Mother Only     Father Only     Father and Stepmother

Mother and Stepfather     Guardian/Other (please explain) \_\_\_\_\_

**Family's Primary Contact Info:** (This is where information, notifications, and updates will be sent)

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Info:** (This is who should be contacted in the event we cannot reach the primary contact)

Name: \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Photograph / Video Release:**

I/We, the parent(s)/guardian(s) of student(s) named on this form authorize and give full consent, without limitation or reservation, to **All Saints Catholic Church**, to publish any photograph or video in which the student(s) appear while participating in any program associated with **All Saints Catholic Church** ministry. I also acknowledge that there will be no compensation for use of any photograph or video at the time of publication or in the future.

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

(By signing your name, you are confirming you have read and agreed to the above release.)

**I REALIZE THAT WEEKLY RELIGIOUS EDUCATION CLASSES ALONE CANNOT FORM MY CHILDREN, BUT THAT THEY WILL BE FORMED AS CATHOLIC CHRISTIANS BY A COMBINATION OF EDUCATION, WEEKLY WORSHIP, PRACTICE, AND STRONG CHRISTIAN PARENTAL ROLE-MODLES.**

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

