

Office use only

Church of the Infant Saviour
RELIGIOUS EDUCATION REGISTRATION FOR 2017 – 2018

FAMILY LAST NAME _____ Present School attending (EJR/PBE) _____
Address _____ City _____ State _____ Zip _____
Phone (Home) _____ (Cell) _____ Email Address _____ @ _____
Mother's Name _____ Maiden _____ Occupation _____ Religion _____
Father's Name _____ Occupation _____ Religion _____
Step Parents name (if any) _____ Cell # _____
Marital Status: Married ___ Widowed ___ Separated ___ Divorced ___ Single ___

Enter grade attending in September (Grades 1-8)

Name _____ Gender: F M Date of Birth _____ Grade _____
Name _____ Gender: F M Date of Birth _____ Grade _____
Name _____ Gender: F M Date of Birth _____ Grade _____
Name _____ Gender: F M Date of Birth _____ Grade _____

CONFIDENTIAL INFORMATION – PERSONAL NEEDS ASSESSMENT

Food Allergies _____ Medication _____
Class room help or other _____

Thank you for your honesty and cooperation. We strive to know and understand your child as best as we can.

Pick up information: Please list the names of who can sign out and pick up your child(ren).

Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

NEW STUDENT INFORMATION:

Parish Name & Address _____

Religious Ed Level completed _____

Date of Baptismal and certificate required for our files.

As parents and/or legal guardian, I authorize the treatment of my minor child(ren) by qualified medical professionals in the event of a medical emergency which, in the opinion of those providing such care, may endanger his/her life, cause physical disability or undue discomfort if delayed.

Signature _____ Date _____

Throughout the year there are mandatory parents meetings along with Family Catechesis that I must attend. These are an Archdiocesan requirement. I understand that I will be notified in advance of these meetings, and that they are listed in the calendar, Church bulletin and our website www.infantsaviour.org. **Mandatory meetings:** Signature _____.

Where would you like to share your faith, time and talents? Please volunteer!

Substitute Teaching: M _____ Tues. _____ W _____ Sun _____

Ride busses from EJR/PBE to pick up students _____ Safety Monitor _____

Advent Wreath Day _____ Easter Egg Hunt _____ Gardening _____ Classroom help _____

7th Level Veteran's Day _____ 7th Level Senior Social _____ Family Game nights _____

Fund Raisers _____

Registration and Payment are due by June 30th. A late fee of \$50.00 will apply after June 30th.

Late registration and payment will not be accepted after Sept. 1st, 2017

TUITION FEE :

REGULAR Envelope Use:

\$150.00 (1 child) _____ \$200.00 (2C) _____ \$225.00 (3C) _____ \$250.00 (4C) _____ \$275.00 (5C) _____

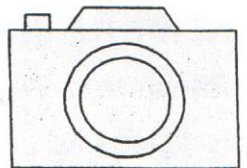
Not using Envelopes :

\$ 275.00 (1child) _____ \$ 325.00(2C) _____ \$350.00 (3C) _____ \$375.00 (4C) _____ \$400.00 (5C) _____

Amount received _____ Init/date. _____ Check # _____ Cash _____ Balance _____

VIDEO/PHOTOGRAPHY CONSENT

As a parent/guardian, I understand that promotional pictures and videos may be taken during this event. (newsletter, web page, calendars, power point, video etc.) **Please initial one option.**



_____ I hereby **Do Not Grant Permission** for my son's/daughter's picture to be used for promotional materials.

_____ I hereby **Grant Permission** for my son's/daughter's picture to be used for promotional materials.

PLEASE NOTE: All families must be registered and active members of the Parish.

To receive envelopes please contact the Parish Office @ 744-2391 ext. 10