

Church of the Infant Saviour  
RELIGIOUS EDUCATION REGISTRATION FOR 2018 - 2019

FAMILY LAST NAME						Present School Attending (EJR/PBE)					
Address		City		State		Zip					
Home phone		Cell		Email							
Mother's Name		Maiden name		Occupation		Religion					
Father's Name		Occupation		Religion							
Step Parents name (if any)						Cell#					
Marital Status		Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>

**Enter grade attending in September (Grades 1-8)**

Name		Gender	M	F	Date of Birth		Grade	
Name		Gender	M	F	Date of Birth		Grade	
Name		Gender	M	F	Date of Birth		Grade	
Name		Gender	M	F	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 and Address			
Religion 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](http://www.infantsaviour.org).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE VOLUNTEER!!**

**Where would you like to share your faith, time and talents?**

- Substitute Teaching:      Mon                       Tues                       Wed                       Sun
- Ride busses from EJR/PBE to pick up students                       Safety Monitor
- Advent Wreath Day                       Easter Egg Hunt
- Gardening                       Classroom help
- 7<sup>th</sup> Level Veteran's Day                       7<sup>th</sup> Level Social
- Family Game Night                       Fund Raisers

**REGISTRATION**

Registration and Payment are due by June 30<sup>th</sup> • A late fee of \$50.00 will apply after June 30<sup>th</sup>.  
Late registration and payment will not be accepted after September 1<sup>st</sup> 2018

TUITION FEES	Regular envelope users	Not using Envelopes
1 child	\$150	\$275
2 children	\$200	\$325
3 children	\$225	\$350
4 children	\$250	\$375
SC	\$275	\$400

Amount Received: \_\_\_\_\_

Initials/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 points, 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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