

Religious Education Registration/Parental Form 2018-2019

Please make any necessary changes, sign & return with payment to the DRE or the parish office.

We are a member of St. Francis St. Thomas St. Mary Other (please specify) _____

Parents: Last name: _____ Mother: _____ Father: _____

Address: _____ City _____ Zip _____

Mom's Home Phone: _____ Cell Phone _____ Work Phone _____

Dad's Home Phone: _____ Cell Phone _____ Work Phone _____

E-mail is used only to notify you of cancellations or other important information.

Home E-mail _____ Work E-mail: _____ Father or Mother—circle one

EMERGENCY CONTACT: Please give us the name of a friend or relative we could contact if we are unable to reach you in an emergency.

Name: _____ Phone/Cell: _____ Relation: _____

	Child 1	Child 2	Child 3	Child 4	Child 5
Child's First Name					
Child's Last Name					
Grade					
Date of Birth					
1st Communion <small>If yes, list Parish</small>					
Confirmation <small>If yes, list Parish</small>					
Allergies?					
Any thing else we should know about your child?					

- I give permission for my child(ren's) name & picture to be featured in newspapers and on bulletin boards in church.
- I give my permission for the students named above to participate in approved parish functions and faith experiences which are part of the Religious Education Program throughout the coming year. *Permission slips for away functions will still be sent home for your signature.
- Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If this is not checked and signed we cannot treat your child.
- IF APPLICABLE: My child(ren) have permission to ride the bus from the SCC parking lot to St Mary's Church for the purpose of attending classes in the RE program.

Parent/Guardian Signature: _____ **Date:** _____

Parents, your involvement is vital to your child's spiritual growth. We need you and appreciate all you do for our Religious Education program.

Please check a minimum of one: Teach & preferred grade _____ Substitute teacher _____ Food! _____ I'm flexible, call me if you need something _____

Total amount due: \$45 per student.	Total amount paid: _____	Cash _____	Check #: _____
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