

CHURCH OF THE RISEN CHRIST - RELIGIOUS EDUCATION

Registration Form

Today's Date _____ Student's Last Name _____

STUDENT INFORMATION:

Please check the sacraments received.

Name (indicate boy or girl if necessary)	D.O.B.	Current grade in school	Baptism	Reconcil.	Eucharist	Class time (K-5)	
						1 st choice	2 nd choice(see next page for choices)

- | | | | | | | | |
|----------|-------|-------|-------|-------|-------|-------|-------|
| 1) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Address _____

City

Zip

Email _____

Father's Name _____ Phone(H) _____

(or guardian) Phone(W) _____ (C) _____

Mother's Name _____ Phone(H) _____

(or guardian) Phone(W) _____ (C) _____

In case of emergency, please contact _____ Relationship to child _____

Phone number _____ alternate number _____

Additional contact person _____ Relationship to child _____

Phone number _____ alternate number _____

Doctor's Name _____ Phone number _____

Any additional information you would like us to know? (allergies, special needs, etc.)

I authorize, by my signature below, that if the above person cannot be reached, church personnel are authorized to use their best judgment in an emergency. The church does not have medical or dental insurance for the students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature _____ **Date** _____

Your child's picture could be used in the bulletin or media to promote our Religious Education program. If you do not want to have your child photographed please indicate that by your initials, if you do not initial we will assume that it is okay to use your child's photograph. _____

Pre-school Program (ages 3 and 4). Meets only during 9:00 Mass on Sun. Child must be 3/4 by Sept. 15th.

Kindergarten - Grade 5 Program. Various meeting times available.

S1 - Sunday during 9:00 Mass

Preschool, kindergarten, & first grade

S2 - Sundays from 12:15pm-1:15pm(after 11:00am Mass)

Grades K through 5

W - Wednesday evenings from 6:30-7:40

Grades K through 5; Rite of Initiation for Children

Name of elementary school child(ren) attend _____ in school district _____

Fee for programs is \$35/student, \$75 max. for three or more students. Out of parish fee is \$100.00/student. Please make check payable to Church of the Risen Christ.

Our programs depend on volunteers. Please check at least one area where you can help this year.

Catechist (Teacher) _____ Grade _____

Prepare things at home for class/events _____

Catechist Aide _____ Grade _____

Help with Kids Word at 11:00 Mass on Sunday _____

Catechist Substitute _____

Help with teacher appreciation events _____

Day/Days _____ Grades _____

Help with Special Events (vacation bible school, special Mass)

Office Use:

Amount Paid \$ _____ Date _____ Check Number _____ Cash _____

Parish ID Number _____ New Parish Registration _____