

2019-20 St. John – Holy Angels Parish Religious Education Registration Form for 1st grade through High School

Family Name _____ Check if different from child's Last Name

Child(ren) lives with : Both Parents Joint Custody Father Mother

Student Info:	1 st child	2 nd child	3 rd child	4 th child
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Middle Name:	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Parish of Baptism	_____	_____	_____	_____
Grade (for 2019-20):	_____	_____	_____	_____

Class Night Choice: Sunday; 6:00 – 7:30PM OR Wednesday; 6:00 – 7:30PM

☞ We **must** have a copy of your child's BAPTISMAL CERTIFICATE on file ☞

Please list any special circumstances below:

Student is allergic to: _____

Please indicate student's serious medical/behavioral problems: _____

Please indicate who can pick up your child/children: _____

Parents/Stepparents/Guardians Info check if address is the same

Last First

Address Apt. #

City State/Zip

Contact Phone Number

Religious Denomination

E-mail Address

Last First

Address (if different)

City State/Zip

Contact Phone Number

Religious Denomination

E-mail Address

Where did your child(ren) receive Religious Education last year? _____

I would like to volunteer as a: Teacher/Catechist Substitute Classroom Aide Office Aide Parking Lot

Medical and Emergency Contact Info:

Contact in Emergency if parents cannot be reached: _____
Name Phone#

Family Physician: _____ Physician Phone: _____

Health Insurance Company Name: _____

Current medications prescribed: _____

Does your child carry an EpiPen? _____ If YES, does child know how to use? _____

Our parish has adopted the following procedures in caring for your child when he/she becomes sick or injured at Religious Education class:

In case of emergency and/or need of medical or hospital care:

1. The CRE/Coordinator/Catechist will call the contact phone numbers provided. If there is no answer,
2. The CRE/Coordinator/Catechist will contact the emergency contact. If there is no answer,,
3. The CRE/Coordinator/Catechist will call an ambulance, if necessary, to transport the child to a local medical facility.
4. The CRE/Coordinator/Catechist will continue to call the parents or guardians until one is reached.

If I cannot be reached and the CRE/Coordinator/Catechist has followed the procedure described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Parent/guardian acknowledgment of agreement

Date

Tuition for Religious Education*	Parish Sacramental Fee*
\$110 for 1 child	1 st Reconciliation/Communion \$60 for 1; \$90 for 2; \$120 for 3
\$140 for 2 children	Confirmation: \$100 for 1; \$150 for 2; \$200 for 3
\$170 for 3 or more children	

* If you are unable to make payment, please call Mary Alberici CRE @ 302.731.2209.
 No child will ever be denied enrollment due to nonpayment of tuition, however you need to call us to make arrangements.