

Church of the Assumption Religious Education Program Registration Form 2017-2018

If you are new to the parish Religious Education Program, a copy of your child's baptismal certificate **MUST** accompany this registration form in order for this form to be processed.

Are you a registered member of Assumption -
Yes _____ No _____ If no you **must** register at the
Parish Office before you can register your child in the
Assumption Religious Education Program.

Student Information Please Print Clearly

Family Name _____

Address _____

Zip _____

Child's Last Name _____

First Name _____

Middle Name _____

Date of Birth ____ / ____ / ____

Male ____ Female ____

Place of Birth

City _____

State _____ Zip _____

Baptized Yes __ No __

Name of Church of Baptism _____

City _____ State _____ Zip _____

Country _____

Date of Baptism ____ / ____ / ____

As a Catholic ____ Protestant ____ Other _____

Received First Reconciliation Yes ____ No ____

Received First Eucharist Yes ____ No ____

School Attending _____

City _____

Grade entering Fall 2017 _____

Parent Information Please Print Clearly

Father's Name _____

Religion _____

(H) Phone _____

(W) Phone _____

(Cell) Phone _____

Email Address _____

Mother's Name

Religion _____

Mother's Maiden Name _____

(H) Phone _____

(W) Phone _____

(Cell) Phone _____

Email Address _____

Are parents Married ____ Separated ____

Divorced _____

Child lives with both parents _____

Child lives with mother _____

Child lives with father _____

Emergency Contact other than parents

Name _____

Relationship to child _____

Phone _____

(cell phone) _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL Please indicate any specific circumstances, learning disabilities, or medical disability your child may have. It is imperative our teachers be informed of your child's needs.

Does your child have food or insect or chemical allergies? (We will do what we can, but the child should know what he/she can or cannot eat.)

Yes _____ No _____ If yes, please describe:

Does your child have any special medical or medicine needs? Yes _____ No _____

If yes, please describe _____

Does your child use an Epi Pen?

Yes _____ No _____

If your child uses an Epi Pen a parent must stay in the building or classroom.

(We do not have a nurse on duty, and therefore we can only dispense Band-Aids.)

SPECIAL NEEDS: Does your child have an IEP? (Individual Education Program)

Yes ___ No ___

Does your child have a full-time aide in school?

Yes _____ No _____

Is your child on any medication? Yes ___ No _____

If so, what? _____

Is your child protected by a restraining order?

Yes _____ No _____ If yes, please write the information necessary to fulfill this decree:

Is your child mentioned in a child custody agreement?

Yes _____ No _____

If yes, who is allowed to pick up your child?

Is there anything else we need to know about your child in order to have a safe and productive environment for him/her?

I understand that regular attendance at class is expected and that it is my child's responsibility to complete all assigned readings and homework should he/she be absent. I further understand if my child misses class more than three (3) consecutive times, he/she will be asked to come to the Religious Education Office for make up materials. Continued disruptive behavior during class will result in a parent attending class with their child.

No child may attend class until this form is completed signed and returned to the Assumption Religious Education Office.

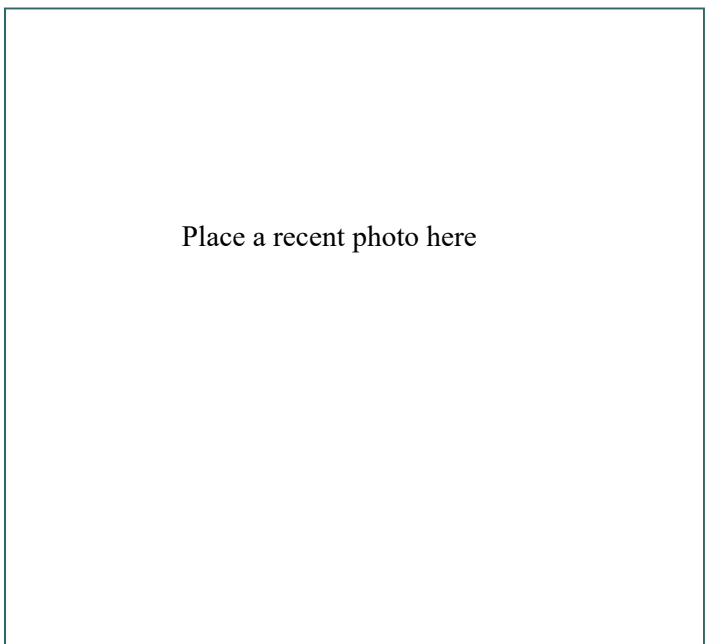
Parent/Guardian signature required

I give my permission to receive emails from the Religious Education Office. Yes ___ No ___

Signed: _____

(Parent/Guardian Signature)

Date: _____



Names and grades of siblings in program:

1. Name _____ Grade _____
2. Name _____ Grade _____
3. Name _____ Grade _____
4. Name _____ Grade _____



Registration Fees

**Registration fees are due with
Registration form(s)
Please make checks payable to
Church of The Assumption
And bring check and form(s) to:
to the Religious Ed office during
office hours.**

- 1 child - \$240**
- 2 children - \$300**
- 3 or more children - \$360**

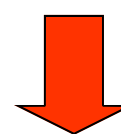


Please Note!

PLUS

**If you have a child in Grade 2
or Grade 8 please add \$75.00
per child fee for First
Communion or Confirmation**

**Please Circle
requested session**



Sunday

Grade (6, 7, 8) 9:00 - 10:00 AM

Sunday

**(Kindergarten to Grade 7)
10:10 - 11:15AM**

Tuesday

Grade (1-7) 4:30 - 5:30 PM

For Office Use Only

Amount Paid _____ Date Paid _____

Check # _____ Cash _____

of students in program _____

Sacramental Fee Paid _____

Tuition Waived _____ Catechist _____

Other _____

Sunday 9:00 _____ Grade _____

Sunday 10:10 _____ Grade _____

Tuesday _____ Grade _____

Teacher _____

I am in compliance and have taken the course, *Virtus Training Protecting God's Children, a diocesan* requirement for volunteering in the parish.

I am interested in volunteering in the parish

PARENT VOLUNTEER FORM

We are in the process of obtaining our parent volunteers for the Religious Education year 2017-2018. Our religious education program is a cooperative effort. We rely on volunteers to coordinate, teach, aide, substitute, help with refreshments during class, and the many Family Life activities.

**Please complete this Parent Volunteer Sign Up Sheet.
Please sign up for at least one activity. Thank you.**

I am willing to help with the following:

_____ I will teach a class on: Sunday 9:00am ___ Grade ___ Sunday 10:00am ___ Grade ___
Tuesday ___ Grade ___ (Catechist's children are exempt from tuition)

_____ I will monitor the door during religious Ed classes

Tuesday 4:30 to 5:30pm _____ Sunday 10:00 to 11:00am _____

_____ I will substitute as needed for any class on the day my child attends class.

_____ I will be the second adult in my child's class on a weekly basis. (We need one per class)

_____ I can teach a Special Education student or a student needing sacramental preparation.

_____ I will bake for our annual Christmas Fair and other events that need baked goods.

Please circle below where you will help.

_____ **I will take charge of one Family Life Event during the year. (Circle Below)**

Blessing of Animals - Out reach class activity - Mother's Day Coffee, Father's Day Coffee ,
OR

_____ **I will be a volunteer to help out with Family Life activities, and help the chair person of these activities (circle below)**

Blessing of Animals - Out reach class activity - - The Christmas Pageant - Breakfast with Santa -
Easter Egg Hunt - Mother's Day Coffee - Father's Day Coffee.