

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	Reconciliation	Eucharist	Class time (K-5) 1 st choice	2 nd choice(see next page for choices)
---	--------	----------------------------	---------	----------------	-----------	--	---

1) _____

2) _____

3) _____

4) _____

My child would like to be enrolled in additional classes to receive their sacraments _____

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 3,4 & 5). Meets Sunday at 12:10pm.-1:10pm Child must be 3/4 by Sept. 15th.

Kindergarten - Grade 5 Program. Two choices for meeting times available.

S- Sundays from 12:10pm-1:10pm(after 11:00am Mass)

Grades K through 5 Preschool 3,4,& 5 child must be 3 by Sept 15th

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 \$40/student, \$150 max. for three or more students. Scholarship money is available if necessary. Out of parish fee is \$125.00/student. Please make check payable to Church of the Risen Christ.

Office Use:

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

Parish ID Number _____ New Parish Registration _____