

**RESURRECTION PARISH
2010-2011 Religious Education
Registration Form
Grades K-12**

Date Received _____

Check # _____

Amount Paid _____

- TO REGISTER:** 1. Print out and complete by hand or type in Word and print.
2. Sign and bring completed form to church with appropriate registration fee.

WE CANNOT ACCEPT FORMS WITHOUT PAYMENT & SIGNATURE. DO NOT EMAIL.

Family Name: _____ **Home Phone:** _____

Street Address: _____ **City:** _____ **Zip Code:** _____

Email: _____

(Please print clearly - distinguish numbers and letters.)

CHILD'S First & Last Name (if different than Family name)	Grade in Sept 2010	School Name	Please check all sacraments received	Gender
			Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
			Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
			Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
			Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>

Father's Name _____
(Last) (First)

Lives at home **Away from home** **Deceased**

Father's Religion _____

Mother's Name _____
(Last) (First)

Lives at home **Away from home** **Deceased**

Mother's Religion _____

Are you registered with the parish? **Yes** **No**

Do you receive parish envelopes? **Yes** **No** **Parish Pay**

2010-2011 Religious Education Registration Form (con't)

Family Name: _____

EMERGENCY INFORMATION

Mother's Business Phone: _____ **Mother's Cell Phone:** _____
Father's Business Phone: _____ **Father's Cell Phone:** _____
Emergency Contact Name: _____ **Emergency Contact Phone:** _____

Please note any special needs: (i.e. allergies, medication, learning disabilities, concerns)

Child: _____ **Comments:** _____
Child: _____ **Comments:** _____
Child: _____ **Comments:** _____
Child: _____ **Comments:** _____

SIGNATURE

I have read and pledge my full support to the three aspects of our partnership.

Date: _____ Parent/Guardian Signature: _____

VOLUNTEER OPPORTUNITIES

Please check all areas of Religious Education you are interested in.

	CATECHIST	CATECHIST ASSISTANT	SUBSTITUTE	OCCASIONAL OFFICE HELP
Children's Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Ministry	<input type="checkbox"/>

REGISTRATION FEES

\$35 / Kindergarten \$75 / Grade 1-10 \$35 / Grade 11

Make checks payable to "RESURRECTION PARISH"

**Fees are not to exceed a total of \$225 per family, with multiple children in programs.*

Finances should never come in the way of a child's participation in our Religious Education Programs.

*****PLEASE COMPLETE BOTH SIDES OF THE FORM*****