

Grade _____

**St. Edmond Catholic Church
2016-2017**

RELIGIOUS EDUCATION REGISTRATION GRADES 1-10

All completed registration forms with fees included received by July 1, 2016, will receive a \$5.00 discount.

Student's Name: _____ Sex: M F
(Last) (First) (Middle) (Circle one)

Grade Level 2016-2017: _____ **Date of Birth:** _____ **School Attending:** _____

**+++If new to our religious education program, a copy of your child's Baptismal and First Communion records are needed.
(Even if they received these Sacraments here at St. Edmond)**

Attended religious education classes before: Yes _____ No _____ Where: _____

Registered Member of St. Edmond Parish Yes _____ No _____ How many years? _____

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

FATHER'S NAME: _____
(Father's last name) (Father's first name)

Father's Primary Email Address: _____

MOTHER'S NAME: _____
(Mother's last name) (Mother's first name) (Maiden name)

Mother's Primary Email Address: _____

Street address: _____ City: _____

Mailing address: _____ Zip: _____

Home phone#: _____

Mom's work phone#: _____ Dad's work phone#: _____

Mom's cell #: _____ Dad's cell #: _____

Child lives with: (circle the one which applies to your circumstance)

Mother & Step Father Father & Step Mother Father & Mother Single Mother Single Father
Grandparents Guardian/Other

I would be happy to HELP in the following manner:

_____ Assist with arrival and/or dismissal of students to ensure the safety of the children (SEC not required for this)

_____ Teach my child's class _____ Grade

_____ Teach a class other than my child's _____ Grade

_____ Substitute for CCD classes

If volunteering, have you had the Safety Environment for Children [SEC] Training? Yes _____ No _____

If yes, when and where did you have your Initial Training? _____

Volunteers are greatly needed for teaching CCD, helping in the religious education office, substituting and helping with special events such as: the Christmas play, First Communion and Vacation Bible School. Opportunities for training are generally presented once in August or September. All questions and concerns about Safe Environment may be directed to Regina Bourque at rbourque@st-edmond.org or (337) 981-0874.

Class day/time preference: (Check one)

Grades 9-10 Monday 6:00 _____ (High School Only)

Grades 1-8 Tuesday 4:30 _____ 6:00 _____

Grades 1-8 Wednesday 5:30 _____

Make sure that your registration is complete.



Please don't forget to complete page 2.

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Emergency Contact Person 1: _____
(Other than parents)

(Home#)

(Work#)

(Cell#)

Emergency Contact Person 2: _____

(Other than parents)

(Home#)

(Work#)

(Cell#)

Is your child on any medication on a daily basis? _____

Does your child have any illnesses, allergies or disabilities of which we need to be aware?

Does your child have any type of special needs? _____

Please read the bulletin weekly and check the website (<http://st-edmond.org>) for the starting dates of classes.

BEFORE July 1, 2016 REGISTRATION FEES WILL BE:

One Child: \$55.00; Two Children: \$70.00; Three or More Children \$95.00

AFTER JULY 1, 2016 REGISTRATION FEES WILL BE:

One Child: \$60.00; Two Children: \$75.00; Three or More Children \$100.00

An additional fee of \$35.00 will be charged for those families who are not registered parishioners.

REGISTRATION FEES ARE NONREFUNDABLE.

Names and Grades of Siblings Who Will Be Attending Catechism during the 2016-2017 Year

FOR OFFICE USE ONLY

- _____ Copy of Baptismal Certificate on File
- _____ Copy of First Eucharist Certificate on File
- _____ White Card
- _____ Signed Photo Policy on File
- _____ Parish Data System Updated

FOR OFFICE USE ONLY

Date Registration Received _____

Date Fees Received _____

Paid: (Number of children) 1 2 3 3+

Check: # _____ \$ _____ Cash \$ _____

Special Notations:
