

## 2022-2023 St. John – Holy Angels Parish Religious Education Registration Form for 1<sup>st</sup> grade through High School

Family Name \_\_\_\_\_

Check if different from child's Last Name

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

| Student Info:       | 1 <sup>st</sup> child | 2 <sup>nd</sup> child | 3 <sup>rd</sup> child | 4 <sup>th</sup> child |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Last Name:          | _____                 | _____                 | _____                 | _____                 |
| First Name:         | _____                 | _____                 | _____                 | _____                 |
| Middle Name:        | _____                 | _____                 | _____                 | _____                 |
| Date of Birth       | _____                 | _____                 | _____                 | _____                 |
| Place of Birth      | _____                 | _____                 | _____                 | _____                 |
| Parish of Baptism   | _____                 | _____                 | _____                 | _____                 |
| Grade in September: | _____                 | _____                 | _____                 | _____                 |

Class Night Choice:     Sunday: 5:30 – 6:45PM    OR     Wednesday: 6:00 – 7:30PM    OR     Home School

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

Parents/Stepparents/Guardians Info

check if address is the same

\_\_\_\_\_  
Last                      First

\_\_\_\_\_  
Last                      First

\_\_\_\_\_  
Address                      Apt. #

\_\_\_\_\_  
Address (if different)

\_\_\_\_\_  
City                      State/Zip

\_\_\_\_\_  
City                      State/Zip

\_\_\_\_\_  
Contact Mobile Phone Number

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Religious Denomination

\_\_\_\_\_  
Religious Denomination

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

Please indicate who can pick up your child/children: \_\_\_\_\_

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#

**Please list any special circumstances below:**

Student is allergic to: \_\_\_\_\_

Please indicate student's serious medical/behavioral problems: \_\_\_\_\_

Current medications prescribed: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

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 Materials Fee*  |
| \$110 for 1 child                | 1 <sup>st</sup> 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.