

# St. Frances Cabrini Catholic Church

(MONDAY) **CHECK SESSION**

## RELIGIOUS EDUCATION REGISTRATION FORM

SUNDAY SCHOOL \_\_\_\_\_ 10:00AM

7<sup>TH</sup> -8<sup>TH</sup> GRADE WEEKLY SESSIONS / 6:30- 8:00PM \_\_\_\_\_

**2018-2019**

SPECIAL NEEDS / EVERY OTHER MONDAY

1<sup>ST</sup>-6<sup>TH</sup> GRADE WEEKLY SESSIONS / 4:30-6:00PM \_\_\_\_\_ OR 6:30- 8:00PM \_\_\_\_\_

4:30 TILL 5:45PM \_\_\_\_\_

Student Last name	First name	Date of birth	School and grade entering	Returning, New or Sacrament only	Allergies or *Special needs (*Please see handbook for special needs info)

**(New students who did not receive the sacraments of baptism or First Eucharist at Cabrini must provide certificates with registration)**

**Family Info**

1 Child-\$125   2 or more Children-\$150   \$25 late fee after June 6th  
Additional Sacramental prep fee: \$35 for 2<sup>nd</sup> grade and \$75 for 8<sup>th</sup>

Fee paid \_\_\_\_\_ cash / check# \_\_\_\_\_ / credit

All parents are asked to assist the program in some way.

Father: Last Name \_\_\_\_\_

First

Name: \_\_\_\_\_

I can help Teach / Substitute / Traffic /retreat

Mother: Last Name \_\_\_\_\_

First

Name: \_\_\_\_\_

Teachers' aide/Door monitor/office

Home Address #  
city and zip code \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Father's Cell#: \_\_\_\_\_

Mom's email \_\_\_\_\_

Father's email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

**Medical Release**

In case of emergency, I grant permission to St. Frances Cabrini Catholic Church to provide and/or obtain medical attention for my child/children. I realize that the recommendations of emergency medical service will determine which hospital my child will be taken to in the event I cannot be reached. I further authorize the medical personnel of the hospital to care for and treat my child.      **Yes**      **No**

**Public Information & Communication Release**

I grant permission for St. Frances Cabrini Catholic Church Religious Education and Youth Ministry Office, to use my child/children's name and/or photograph for use in parish flyers, parish bulletin, parish website or social media.      **Yes**      **No**

My signature indicates that I have circled above and, I agree that I have viewed the Religious Ed student handbook on the parish website and agree to meet the expectations.

(Parent/Guardian Signature required)

Date