

RELIGIOUS EDUCATION REGISTRATION 2011-2012

Office Use Only: →

Teacher Name: _____ Room: _____

(Note: Members of Religious Education classes must be members of St. Jude Parish.)

FORM TO BE FILLED OUT BY ALL NEW & RETURNING FAMILIES: (1 FORM PER CHILD)

STUDENT INFORMATION: (Male ___ Female ___) School District _____ GRADE LEVEL _____
School _____ AGE _____

P Name _____
L (last) (first) (middle)

E Address _____
A _____
S (street) (city) (zip code)
E

PHONE NUMBERS:

P HOME _____ CELL _____ EMERGENCY _____
R

I Date of Birth _____
N MONTH DATE YEAR

T Place of Birth: (CITY) _____ (STATE) _____

SACRAMENTAL RECORD

(please complete each year)

Baptism YES ___ NO ___ Reconciliation YES ___ NO ___ First Communion YES ___ NO ___

Date ___/___/___ Date ___/___/___ Date ___/___/___

Church _____ Church _____ Church _____

(city) (state) (zip) (city) (state) (zip) (city) (state) (zip)

KINDERGARTEN/GRADE ONE & NEW REGISTRATIONS:

Attach BAPTISMAL CERTIFICATE copy to this FORM

Number of children **REGISTERED IN RELIGIOUS EDUCATION** _____

PARENT INFORMATION

Mother's Name _____ (maiden name)

Mother's Religion _____ (maiden name)

Father's Name _____

Father's Religion _____

SIBLING NAME / GRADE

_____/_____
_____/_____
_____/_____
_____/_____

BASIC REGISTRATION FEES

1 STUDENT \$50.00

2 STUDENTS \$70.00

3 STUDENTS \$90.00

4 STUDENTS \$100.00

5 STUDENTS \$110.00

ADDITIONAL FEES: MATERIAL & RETREAT

*ANY STUDENT IN 2ND GRADE ADD \$20.00

*ANY STUDENT IN 3RD GRADE ADD \$20.00

*ANY STUDENT IN 11TH GRADE ADD \$30.00

(Contact Director of Religious Education if financial assistance is needed: 838-6225)

PAID _____ DATE _____

List any food allergies, medical needs or personal requests on reverse side:

PARENTAL OPTION for *CHILD PROTECTION INSERVICE (*Required by Diocese of Erie)

(CHECK ONE) ALL PARENTS: Check appropriate box and SIGN REVERSE SIDE for compliance purposes.

I give my permission for my child to participate in the child protection in-servicing to be held during a religious education class period.

I refuse to allow my child to participate in the child protection in-servicing to be held during a religious education class period. (If refusal checked: student will be removed from classroom during in-servicing).

← SEE REVERSE SIDE FOR PARENT IN-SERVICING RESOURCES FOR CHILD PROTECTION →

← CHILD PHOTO RELEASE FORM...ALSO... CHILD PHOTO RELEASE FORM →

List any food allergies, medical needs or personal requests below:

PHOTO RELEASE

The undersigned agrees to authorize the appropriate staff to photograph, videotape, and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary.

X this box if you do not agree to have your child photographed, interviewed or videotaped. I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify Our St. Jude Religious Education Office in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

Parent or Legal Guardian Signature: _____ Date: _____



The Office for Protection of Children and Youth
www.eriercd.org

Dioceses have been mandated by the U.S. Bishops' Conference (USCCB) to provide inservicing regarding proper conduct and the procedure for response to child abuse not only for children and youth, but also for their parents. All parents must receive some information regarding Child Abuse/Safe Environment EVERY YEAR.

To accomplish this goal: St. Jude Church is providing the following resources for parents. Parents are asked to view this material via the internet. Any parent without internet access is asked to contact the St. Jude Religious Education Office to obtain a hard copy of the referenced material.

The following options are available to parents:

1. Use the Diocesan Parent Training Packet found at the Child Protection web site: (<http://www.eriercd.org/protectyouth.htm>) (<http://www.eriercd.org/pdf/abusebroch.pdf>) can be downloaded and copied.
2. Further reference materials for both adults & students can be found at: (<http://www.eriercd.org/pdf/resources.pdf>)

Parental Option Form for Child Protection Inservicing

I certify that:

Safe environment training will be offered to my child. (refer to front of this form)

I refuse to allow my child to participate in this training.

OR

If my child is absent the day the training is presented, I will inservice my child using the information provided by the Diocesan website.

Parent Signature: _____ Date: _____

Parish: _____ City: _____

