

2011-12 Religious Education Registration for Preschool-8th grade (including Sacramental Preparation)
SAINT PAUL CATHOLIC CHURCH, DAMASCUS, MD.

Family Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work ph: _____

Cell phs: Mom _____ Dad _____

Note: The St. Paul faith community will update our database and use your email address to send you information about events related to the Saint Paul community and religious education events.

Family Email: _____ (REQUIRED)

Did your children attend Religious Education last year? No Yes at _____ (Parish)

Has your family situation changed since last year? No Yes *If Yes, where does the child reside?*

NOTE: All Catholic school students preparing for sacraments are expected to enroll in the parish sacramental program (only sacramental fees apply; do not pay tuition.).

SELECT PROGRAM/DAY/TIME BELOW (all times are dependent upon adequate enrollment)

Classroom Program: PK – Grade 5 meets Mon. 7:00 – 8:15 pm **or** Thurs. from 5:00 – 6:15 pm (weekly at a public school facility)

Middle School Program: 6th – 8th gr. meets Sun. 2:45 – 4:45p; **or** Wed 6:30 – 8:30; **or** Thurs 4:30 – 6:30 pm (twice per month at Saint Paul)

Atrium: (3-6yrs.); (6-9 yrs.); (9-12 yrs.) DAYS, TIMES AND LOCATION TO BE DETERMINED. We will contact you.

<u>Child's Name</u>	<u>R.Ed. Grade</u>	<u>Name of School</u>	<u>Classroom Gr. PK-5</u>	<u>Gr. 6-8 (please rank in order of preference: 1-3)</u>	<u>Lectionary (homeschool)</u>	<u>Atrium</u>	<u>Sacraments RECEIVED</u>	<u>Sacraments REQUESTED</u>
			M ___ Th ___	Su ___ W ___ Th ___		Age ___	___ Baptism ___ Communion ___ Confirmation	___ Communion ___ Confirm
			M ___ Th ___	Su ___ W ___ Th ___		Age ___	___ Baptism ___ Communion ___ Confirmation	___ Communion ___ Confirm
			M ___ Th ___	Su ___ W ___ Th ___		Age ___	___ Baptism ___ Communion ___ Confirmation	___ Communion ___ Confirm
			M ___ Th ___	Su ___ W ___ Th ___		Age ___	___ Baptism ___ Communion ___ Confirmation	___ Communion ___ Confirm

SEE REVERSE SIDE FOR MORE INFORMATION

PAYMENT

Note: Space is reserved for your child once we receive 1) this form AND 2) payment for applicable fees (a minimum of 1/2 of fees must be paid at registration).

Check # _____ is enclosed in the amount of \$ _____. **OR**

I have enclosed 1/2 of my fees. I request paying the remaining fees in monthly installments of \$ _____ to be paid in full by Feb. 2012.

I have enclosed an additional \$2 \$5 \$10 \$ _____ to support our programs.

Registered after August 15

Tuition: _____ First child **\$210.00** (Late fee has been applied)

_____ Each Additional Child **\$80.00** x _____ children

Total tuition _____ PLUS

Additional Fees: _____ **\$70.00** Sacramental fee per child (Communion & Confirmation)

_____ Bible - **\$6** for 3rd grade and **\$25** for 6th grade

_____ Faith Field Trip - **\$25** for 5th through 8th grade

_____ **Total**

(- **\$100.00 Discount** if you have been selected as a catechist.)

Plus

Total Due _____ (Checks payable to St. Paul Catholic Church)

SAINT PAUL RELIGIOUS EDUCATION PARENT VOLUNTEER SIGN-UP

The vitality of your child's program is directly related to the involvement of **all** parents. As a condition of participation in this program, all parents are expected to volunteer at least *4 hours per quarter* of service to their child's program and be active, engaged, worshipping members of the Saint Paul community.

TELL US HOW WILL YOU SUPPORT THE PROGRAM by checking the boxes below.

(Training and guidance are provided for all volunteer roles.)

→ **CLASSROOM PROGRAM**

- Catechist (est. 4 hrs. weekly)
- Assistant/Co Catechist (4 hrs. weekly)
- Classroom Aide (est. 1 hr. weekly)
- Substitute Catechist (periodic)
- Hospitality & Fellowship
- Crafts/art (periodic)
- Fall Hall Monitor
- Spring Hall Monitor
- Teen Aide (must be 8-12th gr.)
Monday_____ Thursday_____

→ **MIDDLE SCHOOL PROGRAM**

- Catechist (2 x month)
- Catechist Aide (2 x month)
- Plan social events (periodic)
- Plan Service events (periodic)
- Session coordinator (2 x month)
- Plan/co-plan Retreat (1 x year)
- Event Refreshments (periodic)
- Newsletter (2 x month)
- Website (monthly)
- Join the MS planning team (periodic)

→ **ATRIUM PROGRAM**

- Catechist Aide (weekly)
- Child care for Catechist (weekly)
- Substitute aide (periodic)
- As needed misc.

→ **GENERAL/MISC.**

- Periodic Admin. assist
- Fund raising
- Prayer Team

SPECIAL NEEDS		<u>Please indicate Allergies, Medical Conditions, Medications, Learning Challenges or any other information that we should know about any/all of your children</u> <small>If more room is necessary, please attach a sheet of paper</small>
	<u>Name of Child</u>	

By so permitting my child to participate in Religious Education, I will hold Saint Paul Religious Education Programs and the Roman Catholic Archbishop of Washington a corporation sole, and all their agents, servants and employees harmless from any liability and all legal proceedings arising from trips and activities, unless caused by the gross negligence of either Corporation, their agents, servants or employees. I hereby grant permission to the Event Coordinator, staff, and volunteers within their knowledge and ability to apply limited, appropriate first aid and/or obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event of an urgent illness or injury. I also give permission for any photographs taken of my child during program activities to be used on the parish website, bulletin or with any religious education publications (e.g. newsletters).

[] Check here if you do **not** wish us to publish photos of your child in parish communications.

I understand the expectation that parents be involved in parish programs. I agree to volunteer my time and talent to serve this community.

Date _____

Parent Signature _____