

CHURCH OF SAINTS PETER AND PAUL

Religious Education Program 2007/2008

Registration Form

(Public, Private, and Home School Children)

Names of Parents or Guardians:

_____	_____	_____
(Mother's Last Name)	(First)	(Religion)
_____	_____	_____
(Father's Last Name)	(First)	(Religion)

Address:

_____	_____	_____	_____
(House number-Primary Address)	(street)	(city)	(zip)
_____	_____	_____	_____
(House number-Secondary Address)	(street)	(city)	(zip)

Home Phone: _____ **Other Phone:** _____
Parent email address: _____

Grades 1 – 11

Sacraments Received

Student's Name	Birth Date	Grade Entering	(please circle)					
			Baptism		Reconciliation		Eucharist	
_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No	Yes	No

Are you a registered parishioner of this parish? Yes_____ No_____

If you are unsure, please contact the Parish Office. New parishioners are asked to meet with the Pastor and then turn in a completed 2007/2008 Stewardship Form to the Parish Office.

I. Public School Children (& "Private School, Grades 9-11")

R.E. Class Times: Grades 1-64-5 pm Wed. Afternoon
Grades 7-87-8:15 pm Wed. Evenings
Confirmation (*Grades 9-11*)....7-8:15pm Wed. Evenings

School Information

Name of School(s) _____ **Bus Number** _____

Please indicate if the student(s) has any special needs (ADHD, special medications, etc.)

Transportation:

_____ My child(ren) will ride the public school bus to Religious Education class.
_____ I will drive my child(ren) to Religious Education class.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, **if you are unable to reach me** at the above numbers, *Contact:*

_____ (Name) _____ (Phone number)

MEDICAL INFORMATION:

Medication my child(ren) is taking at present: _____

Family Health Plan Name and carrier number: _____

Family Doctor: _____ Phone number: _____

II. Home School Children (grades 1-8)

- 1) Parents are expected to consult with the Director of Religious Education and the respective teacher(s) regarding the texts to be used.
- 2) Parents are asked to contact the Pastor to schedule a home visit each semester.
- 3) **Starting in 9th grade, all teens are expected to register in the WEDNESDAY EVENING CONFIRMATION PROGRAM. Note --- this includes children attending a Catholic High School. Please be sure to fill out the appropriate information in section I above. Thank you!**

Tuition Fee per youth

- Registered parishioners:
 - Registration forms returned by July 31st\$110/child
 - Maximum family fee (registered by July 31st).....\$330/family
 - Registration forms returned after August 1st\$135/child
 - Home school children (grades 1-8).....\$25/child
- Non-registered Parishioner\$220/child
- **Tuition Payment:**
 - Checks should be made payable to the Church of Saints Peter and Paul **and attached to this registration form.**
 - If you are in need of financial assistance, please do not hesitate to contact our Parish Business Administrator, Lynn Scholtes, before the July 31st deadline.

I, _____, grant permission for my child(ren) who is/are named above to
(Parent or guardian's name printed)

participate in the Religious Education Program at Saint Peter and Paul Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/law suit.

Signature of Parent/Guardian

Date

Volunteer Opportunities

(please check all interested areas)

_____ I am interested in joining the *Faith Formation and Youth Ministry Committee*. This is your opportunity to be involved in the decision-making and legwork of your child(ren)'s faith formation! Your time and talents will be well invested in helping to formulate Religious Education Program policies to organizing Youth Group events.

I. Grades 1-6

- _____ Playground supervisors3:30 – 4:00 p.m.
- _____ Snack Server3:15 – 4:00 p.m.
- _____ Office Helper4:00 – 5:00 p.m.

II. Grades 7-11

_____ I am interested in team-teaching one of the **Religious Education Courses**. *In order to continue our 7th-11th grade Faith Formation Program we are in need of primary and support teachers. Please consider how valuable the donation of your time and talent is to our youth!*

_____ I am willing to drive for Youth Sponsored Events and Confirmation Required Events.

_____ I am interested in being a Chaperone for Youth Sponsored Events. *Such events include movie nights, gym nights, camping trips, ski trips, bowling nights, etc.*

**Thank you for your support of and participation in your child's
Faith Formation Program!**