

CHURCH OF SAINTS PETER AND PAUL
Religious Education Program 2011/2012
Registration Form
(Public, Private, and Home School Children)

Due:
Wed., Aug. 31st

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: *(IMPORTANT)* _____

Students Kindergarten – 12

Student Name(s)	Birth	Grade	<u>SACRAMENTS RECEIVED</u> <i>(please circle)</i>					
<u>First Name</u> <u>Middle Name</u>	<u>Date</u>	<u>Entering</u>	<u>Baptism</u>		<u>Reconciliation</u>		<u>Eucharist</u>	
_____	_____	_____	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

If your student is making their 1st Communion this year, were they Baptized here at Sts. Peter & Paul?

Yes _____ No _____ **(IF CHECKED "NO", PLEASE ATTACH A COPY OF YOUR STUDENT'S BAPTISMAL CERTIFICATE TO THIS REGISTRATION FORM.)**

Family Faith Formation Schedule

Classes are on Wednesday evenings, beginning Sep. 14th.

- Dinner/Social 5:30-6:15 p.m.
- Kindergarten – Grade 7, and 8th Grade Confirmation 6:15-7:15 p.m.
- Adult Education..... 6:20-7:10 p.m.
- Dinner/Social/Open Gym – Grades 9-12..... 7:45-8:45 p.m.
- High School Gathering – Grades 9-12 7:45-9:00 p.m.

I. Student Information

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

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

- 1) Parents are expected to consult with the Director of Religious Education regarding the textbooks we are using in R.E.
- 2) **Starting in 7th grade, all teens are expected to participate in the WEDNESDAY EVENING R.E. PROGRAM.** Please be sure to fill out the appropriate information in section I above. Thank you!

Tuition

- K-8, Registration forms returned by August 31st\$70 / child
- K-8, Maximum family fee (registered by Aug. 31st)..... \$200 / family
- Non-Parishioner.....\$85 / child
- K-8, Registration forms returned Sept. 1st and later – Add\$15 / child
- R.E. Teachers/Nursery & Program Volunteers..... 1st Child-*Free*, Family Cap-\$100
- High School Gathering Registration (Grades 9-12)..... No Cost

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, at 763-479-0535 any time.

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

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