

ST. CORNELIUS CHURCH

PARISH RELIGIOUS EDUCATION PROGRAM

2019-2020 REGISTRATION FORM

For Office Use Only			
Family Name		Parish ID #	
Total Due	Amount Rec'd	Date	Check
Amount Balance		Notes	

INSTRUCTIONS

1. Please complete **both sides** of this form and return to the Parish Life Center along with your registration fee.
2. **First time registrants:** if your child was baptized or received their First Eucharist in a Church other than St. Cornelius, please submit a copy of their Sacrament Certificates with the completed registration form.

CHILD(REN) INFORMATION

FIRST CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2019-2020 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)
SECOND CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2019-2020 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)
THIRD CHILD		
Name (First Middle Last)	Sex (M/F)	Date of Birth
Name of Day School	2019-2020 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism (place and date)	First Penance (place and date)	First Eucharist (place and date)

FAMILY INFORMATION

Family Name	Home Phone #
Address (Street, City, Zip)	
Father's Name	Mother's Name (Maiden Name)
Father's Religion	Mother's Religion
Father's Cell #	Mother's Cell #
Email Addresses (please provide at least one)	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Student Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Are there any custody/legal issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<i>(An up to date copy of a Custody Order is to be kept on file with the Director of Faith Formation)</i>	

MEDICAL/LEARNING INFORMATION

I give permission that, in my absence, my child(ren) whose name(s) appear on page 1 of this registration form may receive emergency medical care for injuries and all situations that should occur while participating in the Faith Formation for Children Program and activities at St. Cornelius Church.

Signature (Parent/Legal Guardian): _____ Date: _____

To help ensure your child(ren)'s well being, please complete the box below, providing details as applicable.

Child's First Name	Medical Conditions/Allergies	IEP
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if we are unable to contact the parent/legal guardian, who should we contact?

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

AUTHORIZED PICK-UP INFORMATION

In addition to the parents/legal guardians of the child(ren), please list the individual(s) who are authorized to pick-up the child(ren) from the program. If part of a carpool, please indicate that on the relationship line.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OTHER INFORMATION

Please provide any other information about your child that we should be aware of, such as IEP details:

I give permission for my child(ren)'s picture to appear on the parish website, bulletin, or other media in relation to events that happen in the Parish Religious Education Program. ☐ Yes ☐ No

REGISTRATION INFORMATION

The Registration Fee is as follows:

\$200.00 for the first child; **\$75.00** for each additional child.

**All fees are non-refundable. *Deadline is May 1, 2019 for the summer program and July 1, 2019 for the other classes. After the deadline, students will be admitted if class size permits. Classes are filled on a first-come basis and may fill up.*

Please indicate your preferred class option(s):

- ☐ **Sunday (10:15-11:30 am)** ☐ **Wednesday (6:00-7:15 pm)** ☐ **Homeschool (requires Pastor's approval)**
☐ **Summer (June 17-21, 2019 8:30 am-3:00 pm + 4 Sunday sessions, only available for grades 2-7)**

By your signature below, you affirm and accept the policies and procedures of the Faith Formation for Children Program, including those listed in the Family Handbook, attendance at weekly Mass, and volunteering as your schedule permits.

Printed name of person completing the registration

Signature of person completing the registration

Relation to child(ren)

Date