

# 2017-2018 REGISTRATION FORM RELIGIOUS EDUCATION PROGRAM

*Please Print Clearly*

**Registered Parishioner:** \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Cell Phone Father's Work Phone

\_\_\_\_\_  
Mother's Name *(First)* *(Maiden)*

\_\_\_\_\_  
Mother's Cell Phone Mother's Work Phone

Father Catholic? \_\_\_ Yes \_\_\_ No

Mother Catholic? \_\_\_ Yes \_\_\_ No

Are there any custody/legal issues: \_\_\_ Yes \_\_\_ No *(if yes, please provide a complete copy of the latest court order.)*

**STUDENT INFORMATION:** (ALL FIELDS MUST BE COMPLETED.) *Please indicate desired class time.*

\_\_\_\_\_  
**Last Name of Student(s)** \_\_\_\_\_ **Monday** \_\_\_ **Sunday**

<b>First Name(s)</b>	<b>Sex</b> <i>(M.F)</i>	<b>Date of Birth</b>	<b>Grade as of Sept. '17</b> <i>Elementary Religious Ed.</i>	<b>School</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*If you are new to Saint Monica's Religious Education Program:**  
Previous Religious Education Experience: \_\_\_\_\_ Grade Level Completed: \_\_\_\_\_

Parish, City & State: \_\_\_\_\_

***\* First Time Registrants need to provide copies of each child's Baptismal Certificate.***

Please complete the table below, if it applies to one or more of your children. If this does not apply, please indicate with N/A.

Child's Name	Medical Conditions/Allergies/Prescribed Medications	Disability / Learning Support Services	Individualized Education Program
			<input type="checkbox"/> IEP <input type="checkbox"/> 504
			<input type="checkbox"/> IEP <input type="checkbox"/> 504
			<input type="checkbox"/> IEP <input type="checkbox"/> 504
			<input type="checkbox"/> IEP <input type="checkbox"/> 504

In the case of an emergency, where all attempts at contacting the parent/guardian have failed, I, \_\_\_\_\_ (parent/guardian) hereby give permission to the Director of Religious Education or individual in charge of Saint Monica's Religious Education Program to sign for any emergency medical treatment that may be deemed necessary for the proper care and treatment of \_\_\_\_\_ (child/children) by the medical staff and/or doctor in charge at whatever medical facility it may be necessary to transport our child/children to at the time of the emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

**PROGRAM EXPECTATIONS:**

*Students in the program are expected to follow the rules as stated below. These rules are intended to maintain the safety and well being of the staff and students.*

- Students are expected to be cooperative, courteous, respectful at all times.
- Students are expected to follow all directives given by the catechists and director of the program.
- Students may eat only at planned special events within the program. Gum is not permitted.
- Students are expected to be respectful of church and others' property. Students in the Religious Education Program are not permitted to handle others' belongings in desks, closets, or classroom in general.
- Students are expected to leave the classroom and school property in the condition in which it was found prior to class.

*Consistent failure to follow these directives may result in a conference among the Pastor, Director, parents, and student.*

\_\_\_\_\_  
Parent Signature\*

\_\_\_\_\_  
Date

**PROGRAM FEE FOR 2017 – 2018: NON-REFUNDABLE**

# of Children	Registration through 7-1-2017
1	\$180.00
2	\$350.00
3 or more	\$470.00

*\*Confidential financial assistance is available upon request. Fees are non-refundable.*

**FOR OFFICE USE ONLY:**

Payment Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Batch #: \_\_\_\_\_

# 2017-2018 PARENT AGREEMENT FORM

*Please submit this along with the Religious Education Registration Form.*

We, \_\_\_\_\_ parents of:  
*(First and Last Names of Parents)*

\_\_\_\_\_  
\_\_\_\_\_

*(Child or Children's Full Names and Grade Levels)*

realize our obligation as Catholic parents to ensure our child/children's regular attendance at Religious Education classes, weekly Mass, and Holy Days of Obligation. We also acknowledge the requirement to attend sacramental meetings, if applicable. We understand that failure to meet these obligations could result in the postponement of our child/children's reception of the sacraments and/or promotion to the next grade level of their religious studies.

We also understand that absences from Religious Education Classes are not to exceed three during the 2016-2017 Religious Education Program. Please refer to the absence policy as noted in the Religious Education Parent Handbook.

**Participation forms from the previous Summer Session (if applicable) must be completed and returned by February 2018 in order to re-register.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Home Phone Number

**I am willing to be an active participant in my child's education by:**

\_\_\_\_\_ Teaching Religious Education

\_\_\_\_\_ Acting as a Teacher's Aide

\_\_\_\_\_ Substituting as a Teacher

\_\_\_\_\_ Substituting as a Teacher's Aide

**PLEASE RETURN THIS WITH THE REGISTRATION FORM.**

## To Contact the Office of Religious Education:

The Church of Saint Monica  
Saint Monica Rectory - Office of Religious Education  
*Mary C. Pizzano, Director*

635 First Avenue, Berwyn, PA 19312  
Office: 610-647-4757 - Fax: 610-695-0850

E-mail: [mpizzano@saintmonicachurch.org](mailto:mpizzano@saintmonicachurch.org) | Website: [www.saintmonicachurch.org](http://www.saintmonicachurch.org)

***Please see the next page to complete the Authorized Pick-Up Form!***

## 2017-2018 AUTHORIZED PICK-UP FORM

No child will be released to any adult whose name is not on-file with the Religious Education Office or without proper identification.

*(Please Print All Information)*

**Family Name:** \_\_\_\_\_

Students' Names: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

For your child/children's protection, please fill out the name or names of authorized persons, other than yourself, who may pick him/her/them up at dismissal. Only those individuals listed on this form will be permitted to pick your child/children up at dismissal if you are not present. A driver's license may be requested of those individuals authorized below. In case of car pool arrangement, designate such on the line "Relationship". Please notify the Religious Education Office promptly if any changes are in order.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If there is anyone who might come for your child/children to whom you do NOT wish us to release them, please indicate their name and reason below:

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Saint Monica Church Religious Education Program

**PHOTO / VIDEO / SOCIAL MEDIA  
RELEASE FORM 2017-2018**

I, \_\_\_\_\_, hereby give the Archdiocese of Philadelphia/Saint Monica Church, its successors and assigns and those acting with authority, the unqualified right and permission to reproduce, copyright and circulate pictures and/or video of my child produced and filmed by the Archdiocese of Philadelphia and/or Saint Monica Church. I understand I will be contacted in advance for permission to publish my child’s name.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

       **No, I do not give my consent.** *(Please return this form either way.)*