

## 2010-2011 REGISTRATION FORM RELIGIOUS EDUCATION PROGRAM

**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

**STUDENT INFORMATION:** (ALL FIELDS MUST BE COMPLETED.)

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

First Name(s)	Date of Birth	Grade as of 9-10 <small>Elementary Religious Ed.</small>	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Parish & City: \_\_\_\_\_

Please list any **allergies, medications and important medical information** regarding your children's health:

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

Please note your child/children's educational differences so that we can help support their needs:

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**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.*

**I also understand that participation in CYO activities requires my child's/children's regular attendance in the Religious Education Program.**

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

\_\_\_\_\_  
Date

**PROGRAM FEES – 2010 - 2011**

# of Children	Discount Fee Until 3/15/10 (Postmarked)	Regular Fee 3/16/10 to 3/30/10	Late Fee After 3/30/10
1	\$125.00	\$150.00	\$175.00
2	\$205.00	\$230.00	\$255.00
3 or more	\$265.00	\$290.00	\$315.00

*\*Confidential financial assistance is available upon request.*

**FOR OFFICE USE ONLY:**

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

Sacrament Fee (if applicable) Sacrament: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

# 2010-2011 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 2010 - 2011 Religious Education Program.

\_\_\_\_\_  
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  
Office of Religious Education

*Mary C. Pizzano, Director*

601 First Avenue

Berwyn, PA 19312

Office: 610-647-4757 Fax: 610-695-8515

E-Mail: [mpizzano@saintmonicachurch.org](mailto:mpizzano@saintmonicachurch.org)

Website: [www.saintmonicachurch.org](http://www.saintmonicachurch.org)