

The Parish Grouping Of Northern Butler County

2019-2020 Religious Education Registration Form For:

St. Alphonsus
Sunday 10:15 - 11:45 a.m.
Amy Baptiste, DRE
724-794-2880

St. Christopher at the Lake
Sunday 9:15 – 10:45 a.m.
MaryJo Chappel, DRE
724-865-2430

St. Peter
Sunday 9:45 – 11:10 a.m.
Katie Boosel, DRE
724-794-2880

Please note, St. Alphonsus religious education is held at St. Louis Parish, St. Christopher is held in the classrooms at the church, and St. Peter is held at the McKay Education Building and the Newman Center

PLEASE CIRCLE WHICH CHURCH LISTED ABOVE YOUR CHILDREN WILL ATTEND FOR RELIGIOUS EDUCATION

Dear Parents,

Please fill out this form for your children who will be attending Religious Education this Fall. It is important that you select the site your children will attend for Religious Education at the time of registration so we can ensure enough books and supplies at each site. In order to help fund this program, there is a \$20.00 fee per child, or a \$50.00 maximum fee for a family of 3 or more children. These fees are used toward costs incurred necessary to operate this program. Checks should be made payable to your home parish. Please be aware that we will never turn down a child due to financial hardship.

Family Name: _____ Number of children in Religious Education _____

Address: _____

Father's Name: _____ Religion/Denomination: _____

Father's cell number: _____ Father's e-mail: _____

Mother's Name: _____ Religion/Denomination: _____

Mother's cell number: _____ Mother's e-mail: _____

Emergency contact if parents cannot be reached: _____

Emergency contacts phone number: _____

In case of emergency, I give permission for _____ to pick my children up from Religious Education, and I authorize the Religious Program to release my child(ren) to their care. I am aware that a note is required each time I will not be picking my child up prior to their release.

Parent/Guardian Signature

Custody Agreements: Please note if the custody of any child in this family is subject to court ordered custody agreements: _____

In the case of shared custody, who is primarily responsible for religious education (to whom should letters and information be sent?)
_____ Both Parents _____ Mother _____ Father _____ Guardian

Is there any other information we should know regarding custody? _____

Information on this form will remain confidential and will only be shared with catechists for the safety and well being of your children.

Please Note: A baptismal certificate is necessary upon initial enrollment and for all sacramental years

Medical: Please provide medical insurance information in the event of an emergency allowing permission to take your child to the hospital or urgent care if a parent cannot be reached. All efforts will be made to contact parents, guardians or emergency contacts first. Please note that parents are welcome to contact the Religious Education office throughout the year if they would like to discuss medical information provided, or if a new medical concern arises.

Insurance Name: _____ Member ID: _____

Student #1 (Please begin with the oldest child): _____ Male _____ Female

Full Name: _____ Nickname: _____

Date of Birth __/__/____ School District: _____ Grade in Fall: _____

Sacramental Information: Please list the Church for each Sacrament

Baptism: _____ Reconciliation: _____ Eucharist: _____

Please provide any medical concerns or allergies including food allergies, and any medications your child may need, such as an Epi-Pen or inhaler for asthma: _____

Student #2 _____ Male _____ Female

Full Name: _____ Nickname: _____

Date of Birth __/__/____ School District: _____ Grade in Fall: _____

Sacramental Information: Please list the Church for each Sacrament

Baptism: _____ Reconciliation: _____ Eucharist: _____

Please provide any medical concerns or allergies including food allergies, and any medications your child may need, such as an inhaler for asthma: _____

Student #3 _____ Male _____ Female

Full Name: _____ Nickname: _____

Date of Birth __/__/____ School District: _____ Grade in Fall: _____

Sacramental Information: Please list the Church for each Sacrament

Baptism: _____ Reconciliation: _____ Eucharist: _____

Please provide any medical concerns or allergies including food allergies, and any medications your child may need, such as an inhaler for asthma: _____

Student #4 _____ Male _____ Female

Full Name: _____ Nickname: _____

Date of Birth __/__/____ School District: _____ Grade in Fall: _____

Sacramental Information: Please list the Church for each Sacrament

Baptism: _____ Reconciliation: _____ Eucharist: _____

Please provide any medical concerns or allergies including food allergies, and any medications your child may need, such as an inhaler for asthma: _____

