

**Sts. Christopher and Sylvia Religious Education
2017-2018 Registration Form**

For Office Use Only

Date Rec'd _____

Payment Rec'd _____

Day _____

(Circle Day of Preference)

GRADES 1,2,3,4,5,6: Classes offered on **Wednesday** from 4:30-5:45 pm

GRADES 1,2,3,4,5,6: Classes offered on **Thursday** from 4:30-5:45 pm

Our Religious Education program expects attendance at Mass every weekend and all Holy Days of Obligation by the child and at least one parent. I am aware of and agree to abide by this Mass attendance policy.

Required parent signature _____ **Date** _____

Family Information

Father's Name _____ Religion: _____

Mother's (w/Maiden) Name: _____ Religion: _____

Family email _____

Mailing address _____

Phones: Home _____ Mother's cell: _____

Father's Cell: _____ Other: _____

The child(ren) live with both parents Mom Dad Other: _____

If parents do not live together but custody is shared, mailings will be sent to both addresses.

If one parent/guardian has full custody, please provide copies of custody papers. This help us clarify who is eligible to make decisions about the child(ren)'s religious education.

Second mailing address _____

Second parent e-mail (only if parents do not live together): _____

Emergency contact (person to contact if parent/guardian cannot be reached):

Name: _____ Relationship: _____

Home phone: _____ Cell/work phone: _____

Names of adults in addition to parents/guardian who are allowed to pick up your child(ren):

Parent/Student Handbook

Our family agrees to abide by all standards of behavior, attendance policies, and other rules set forth by the handbook. I understand that the handbook is located on the Religious Education website, and will be provided to me in writing upon request.

Parent/Legal Guardian Signature: _____ Date: _____

Medical Release

Child(ren)s doctor: _____

Address: _____ Phone: _____

In case of illness or accident, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary.

To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Student Information:

STUDENT NAME _____
Birthdate _____ Born in what city _____ Age _____
School _____ Grade 2017-2018 _____
Allergies, special health, or learning concerns we should be aware of: _____

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

STUDENT NAME _____
Birthdate _____ Born in what city _____ Age _____
School _____ Grade 2017-2018 _____
Allergies, special health, or learning concerns we should be aware of: _____

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

STUDENT NAME _____
Birthdate _____ Born in what city _____ Age _____
School _____ Grade 7016-2018 _____
Allergies, special health, or learning concerns we should be aware of: _____

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

Media Authorization and Release

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of my children or children of whom I am the designated guardian

Name(s) of Child(ren)

by St. Christopher's Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish"). I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Signature of Parent or Guardian

Date

NAME _____

PHONE _____

EMAIL _____

Please take a moment to let us know how you might be able to help out in our Religious Education program. We are always looking for volunteers, and any amount of time you can devote would be most appreciated! Thank you!

Volunteer Opportunities

Please check off any volunteer opportunities you may be interested in.

Classroom instruction:

Catechist

Aide

Full-time Substitute

On-call Substitute

Other:

Hall Monitor

Special Events

Basket Bingo Committee

Class time Office Help

Lobby/breakfast themes

Daytime Office Help

Baking

Other _____

Your hobbies/talents: _____