

Children's Faith Formation R.E. Registration 2017-2018

For Registered Parishioners of Church of St. Benedict

Must be a registered parishioner of the Church of Saint Benedict; Parish registration forms are different than R.E. forms.

Has Address, Phone, email information changed? Yes / No (no need to fill in information if it hasn't changed)

Please Print

ONE FORM PER FAMILY

Date: _____

Father's Name _____ Mother's Name _____
(Last Name, First Name) (Last Name, First Name)

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Mother's Work Phone: (____) _____ Father's Work Phone: (____) _____

Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____

E-Mail Address: _____ Mass time you normally attend? _____

Can you be called at work for non-emergency reasons? Mother: Yes No Father: Yes No

Student resides with (check one): Both Parents Guardian Mother Father If Divorced, Shared custody? _____

If student's last name differs from guardian, please indicate name: _____

Did your student attend R.E. classes at St. Benedict last year? _____

If not where did your student attend classes last year? Where? _____ For how long? _____

It is our goal to meet the needs of all students. Please respond to the following questions knowing that all information is confidential and will only be shared with the student's catechist. Please include any food allergies.

Does/Do your student(s) have any special needs? Yes No If "yes", what? _____

Does/Do your student(s) have any learning disabilities? Yes No If "yes", what? _____

Additional information that would help us meet the needs of your child(ren): _____

STUDENT NAME 4 yr. old – 10 th gr. R.E. Tuition Fee: \$25 per Family <i>(2nd gr. First Communion Fee is an extra \$20 per student)</i>	Male or Female	Date of Birth	Grade in Sept. 2017?	Which Class Session? Give 1 st & 2 nd choice.			Sacraments already received?				Office Use Only
				Sun morn 10:30 – 11:40	Wed eve 6:30 – 7:45	Catholic Baptism	Penance	Euch.	Confir mation		
11 th Grade Students CONFIRMATION STUDENTS ENROLLMENT <i>(Confirmation Fee is an extra: \$65 per student. If you only have a Confirmation Student – pay only \$65)</i>	Male or Female	Date of Birth	Which High School attending in the Fall?	Catholic Baptism	Penance	Euch.	Confir mation	Office Use Only			

WE NEED YOU! Please consider volunteering your time in religious education as: *(RE family fee is waived for volunteer catechists but not the sacrament fee.)*

Catechist (Preschool – Confirmation) Catechist Assistant Student Assistant Substitute Office Volunteer

Special Requests (time, day, grade, etc.): _____

PLEASE COMPLETE MEDICAL RELEASE ON BACK

Office Use Only: Date Rec'd _____ Check # _____ or Cash _____ Amount Paid \$ _____

Scholarship Volunteer Exemption

RELIGIOUS EDUCATION CLASS SCHEDULE

Session 1: 10:30 – 11:40 a.m. Sundays

Preschool: 4 yr. old
 Elementary: Kindergarten – 5th Grade
 Middle School: 6th – 8th Grade
 High School: 9th – 10th grade

Session 2: 6:30 - 7:45 P.M. Wednesdays

Preschool: 4 yr. old
 Elementary: Kindergarten – 5th Grade
 Middle School: 6th – 8th Grade

***Please select & list your first and second choices for class preference on the front of the form.
 Classes are filled on a first come, first served basis.***

Confirmation: 10:30 – 11:40 a.m. Sundays

11th Grade in High School

Children’s Catechumenate : Tuesdays 7 - 8:30 p.m.

This is for those are unbaptized or baptized in another denomination those in 3rd – 9th grades.

Sacramental Prep: Day and Time to be set.

For children who have not been in R.E. classes & preparing for Sacraments in 3rd grade and up who need to catch up to receive First Reconciliation and First Eucharist.

MEDICAL RELEASE 2017 – 2018

I/We the undersigned parent(s) or legal guardian(s) of: *(list each child’s name)*

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

do hereby authorize any x-ray examination, anesthetic, dental medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of Carol Bryan, Deb Malcom, or other St. Benedict Staff Members. This consent will remain effective from August 1, 2017 until August 1, 2018. I understand that every precaution will be taken to ensure my daughter/son/ward’s safety. Should an accident occur, I will not hold the Church of Saint Benedict or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

 Signature Parent/Guardian

 Date

OTHER CONTACTS FOR EMERGENCY PHONE NUMBERS

	Name	Phone Number	Relationship
1.			
2.			
3.			