

St Henry Church Religious Education Registration 2016-2017

CHILD'S NAME: _____ **Male or Female** **DATE OF BIRTH*** _____ **(BIRTH DATE ON OR BEFORE 9/30/2016)**

SCHOOL ATTENDING _____ **PREVIOUS RELIGIOUS EDUCATION:** _____

GRADE IN FALL 2016: _____ **CHURCH OF BAPTISM:** _____ **CITY/STATE** _____

My child has received: _____ **BAPTISM** _____ **FIRST RECONCILIATION (2ND GR)** _____ **FIRST COMMUNION (2ND GR)** _____ **CONFIRMATION (8TH GR)**

_____ **I CONFIRM THAT I AM A REGISTERED MEMBER OF St Henry Church** Note: Only registered participating parishioners of St Henry may be accepted into our Religious Education Program. Please ask for the Church Registration form if you need to join our parish.

_____ **I COMMIT TO FAITHFULLY BRING MY CHILD TO RELIGIOUS EDUCATION & MASS** _____ **PARENT SIGNATURE**

PLEASE MARK CLASS TIME/SESSION REQUESTED

ONLY PARENTS/GUARDIANS MAY PICK UP CHILDREN FROM CLASS

3 YR. OLD - 12TH GRADES

<p>Sundays 9:00-10:00am PRE-SCHOOL ONLY Check the class needed: 3 YEAR OLD (Child must be 3 by 9/30/2016)____ 4 YEAR OLD (Child must be 4 by 9/30/2016)____ KINDERGARTEN____ CLASSROOM DROP-OFF/PICK-UP REQUIRED by an adult</p>	<p>Sundays 10:10AM -10:55 AM 1st TO 12TH GRADE CLASSROOM DROP-OFF/PICK-UP REQUIRED for grades 1st- 5th by an adult Circle the grade 1 2 3 4 5 6 7 8 9-12 H.S.</p>	<p>Sundays 11:00AM - NOON PRE-SCHOOL ONLY Check here if this class is your choice____ 3 YEAR OLD (Child must be 3 by 9/30/2016) 4 YEAR OLD (Child must be 4 by 9/30/2016) This is a combined class of 3 and 4 year olds. CLASSROOM DROP-OFF/PICK-UP REQUIRED by an adult</p>
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FAMILY LAST NAME: _____ **HOME PHONE #:** _____ **E-MAIL :** _____
HOME ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____
MOTHER'S NAME: _____ **CONTACT PHONE #** _____ **CELL #** _____
MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____
FATHER'S NAME: _____ **CONTACT PHONE #** _____ **CELL#** _____
FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____

<p>LOCAL EMERGENCY</p> <p>CONTACT NAME:</p> <p>_____</p> <p>PHONE #</p> <p>_____</p>

FAMILY LIFE PROGRAM for Kindergarten-6th grade

In accordance with the Charter for the Protection of Children and Young People of the United States Conference of Catholic Bishops, the Diocese of Nashville has mandated that every child enrolled in Catholic Religious Ed programs has the opportunity to participate in a Diocesan approved child safety program. To fulfill the Church's teachings on Family Life education & child safety, we are pleased to offer the RCL Benzinger Family Life program to all children who register in Religious Education at a cost of \$15. Please sign below indicating your decision:
 I decline the RCL Family Life Child Safety Program provided by St Henry Church _____ Parent Signature
 Please provide the RCL Family Life Safety Program to our family, at a cost of \$15 _____ Parent Signature

SPECIAL NEEDS (ALL INFORMATION PROVIDED IS CONFIDENTIAL)

Does your child have any allergies or medical conditions of which we should be made aware? _____

Does your child take any daily medication? _____ If so, what medication and dosage? _____

Does your child have any dietary restrictions? _____

Does your child have any learning conditions of which we should be made aware? _____

Is there any additional information you feel we should be made aware of? _____

IF AN EPI-PEN OR OTHER MEDICAL DEVICE IS NECESSARY FOR YOUR CHILD, PLEASE SCHEDULE A TIME TO SPEAK TO BETH HOLZAPFEL AT 615-353-0668 OR RELED@STHENRY.ORG

Image Release

During the year, the Religious Education and Parish Staff may take photos or videos of student activities and events. We occasionally would like to use the photos on our website, or to share with our teachers or students. Please sign below to consent to use by St Henry Church of your child's photo (in all forms) and manner for educational, instructional or promotional purposes. I hereby waive any right to inspect or approve the finished version of any copy.

Child's Name _____ **Parent's Signature** _____

- FOR SAFETY REASONS, WE ASK THAT YOU PLEASE WALK YOUR "PRE-SCHOOL TO 5TH GRADE" CHILD TO THEIR ASSIGNED CLASSROOM, RATHER THAN DROPPING THEM OFF. ALSO, PLEASE HAVE YOUR CELL PHONE ON DURING YOUR CHILD'S CLASS TIME. IF YOU ARE IN MASS, PLEASE KEEP IT ON VIBRATE SO THAT WE MAY REACH YOU IMMEDIATELY IF NECESSARY.
- REGISTRATION FEE IS \$25.00 PER STUDENT (NOT TO EXCEED \$50.00 PER FAMILY). IF YOU ARE UNABLE TO PAY THE REQUIRED FEE, YOU MAY STILL REGISTER YOUR CHILD. PLEASE LET US KNOW AT REGISTRATION, IF THESE CIRCUMSTANCES APPLY TO YOU.
- **I ACKNOWLEDGE THAT I HAVE RECEIVED THE RELIGIOUS EDUCATION PARENT/STUDENT HANDBOOK & YEARLY CALENDAR. PARENT SIGNATURE** _____

Office Use Only:

Class time marked on reverse:		Volunteer form completed:	
Acknowledgement signed above:		Special Needs Noted above:	
Family Life Program		Image Release	

Place information for each item in blank box to the right:

DATE:		Amount Paid		Check # or Cash		Fee Waived :		Entered on PDS By:
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