

CHILD'S GRADE IN THE  
FALL OF 2018: \_\_\_\_\_

# RETURNING STUDENT

FOR OFFICE USE ONLY

FAMILY # ON PDMS \_\_\_\_\_

ST. JOHN PAUL THE GREAT CATHOLIC PARISH  
RELIGIOUS EDUCATION REGISTRATION 2018-2019  
Please fill out this form in its entirety a separate form for each child

Sunday Morning Class

Wednesday Afternoon Class (by request by 4/30. First come first serve)

We <b>regularly</b> attend Mass:	<b>YES</b>	<b>NO</b>	If yes, which Mass:
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If not, why not?

**STUDENT INFORMATION** \*\*\*PLEASE PRINT CLEARLY\*\*\*

Student Full Name ( first, middle, last)

Date of Birth

Child lives with:

Street Address

City/Town

Zip

Home Phone Number

Mother's Cell #:

Mother's Email:

Father's Cell #:

Father's Email:

Stepfather's Name (first & last)

Stepmother's Name (first & last)

By filling out this Registration form you are giving us permission to take class picture of your child to post on our website, Facebook page, in the church vestibule and all online sites affiliated with our program unless you contact us.

Please share any pertinent student information: learning disabilities, medical, family situation etc.

## TUITION FEES CHECK PAYABLE TO ST. JOHN PAUL THE GREAT PARISH

- \$50.00 one student
- \$45.00 per student (2+ students)
- \$40 per student (3+ students)
- \$85.00 per student for families from parishes outside of Torrington \*Fee waived for volunteer catechists.
- **First Holy Communion \$10.00 additional.** Payable in Spring of 2019. (If child is receiving their Sacrament in 2019)

**ENROLLMENT DEADLINE IS AUGUST 20<sup>TH</sup>, 2018. TUITION OF \$75.00 PER CHILD APPLIES IF REGISTRATION IS RECEIVED AFTER 8/20.**

Name of sibling: \_\_\_\_\_ Grade \_\_\_\_\_ Religious Program Attending:  Confirmation  EDGE

Name of sibling: \_\_\_\_\_ Grade \_\_\_\_\_ Religious Program Attending:  Confirmation  EDGE

**EMERGENCY INFORMATION (if we can't reach you)**

Emergency Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_

Medication Allergies \_\_\_\_\_

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the St. John Paul the Great Parish Religious Education Coordinator feels immediate medical and/or hospital attention is indicated, do you authorize the above-mentioned authorities to send your child (properly accompanied) to an available hospital or physician? **YES NO**

As a parent and/ or guardian, I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. The consent is granted only after a reasonable effort has been made to reach me.

I give permission to the following to pick up my child if I am unable to.

Name of person(s) picking up child	Phone #
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I attest that this form was completed to the best of my ability, and this information is true. If there are changes during the year, I will be responsible for notifying program staff immediately.

Parent/Guardian Signature	Date
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**How satisfied are you with the program?**

Very satisfied    Somewhat satisfied    Somewhat dissatisfied    Very dissatisfied

**What things can we improve in the program? Please be specific.**

**How satisfied are you with your child's Catechist?**

Very satisfied    Somewhat satisfied    Somewhat dissatisfied    Very dissatisfied

**How satisfied are you with the Director of the program- Jen Owens?**

Very satisfied    Somewhat satisfied    Somewhat dissatisfied    Very dissatisfied

**Comments, Concerns & Suggestions:**

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

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**OFFICE USE:** Tuition fee \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_  Cash Check# \_\_\_\_\_

**Payment Plan Request**  YES  NO \_\_\_\_\_ **Registration received:** \_\_\_\_\_ **PDMS:** \_\_\_\_\_

# FAMILY COMMITMENT

## ONE FORM PER HOUSEHOLD

Family Last Name(s): \_\_\_\_\_

Please complete the name(s) of your child(ren) in the space below in grades K thru 5<sup>th</sup>.

Additional Children	Office use only
Student Name: _____	Teacher: _____ Grade: _____
Student Name: _____	Teacher: _____ Grade: _____
Student Name: _____	Teacher: _____ Grade: _____

- I understand there may be an occasion where photographs/videos are taken of the children, classes and activities during a Religious Education program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, brochure, church bulletin or church websites.
- Most of Faith Formation correspondence will be provided via email. Paper memos will be sent home occasionally. I am responsible for making sure I provide updated email addresses.
- I understand that if I am not VIRTUS trained from previous years, I/we are encouraged to attend a training session for parents/guardians since parents/guardians and students will be working together during Family Faith Formation throughout the year. Training will be in the fall of 2018.
- I/we give permission for the above child(ren) to participate in The “Child Lures Prevention Program, Think First & Stay Safe” (also known as “LURES”), that has been implemented as the personal safety training for children in the Archdiocese of Hartford since 2005. Every year we are required to present this program to all students attending the Religious Education Program.
- I/we understand that we must be a registered member of a parish and should attend **Sunday Mass regularly**.
- I/we agree to notify the office of any changes in phone numbers, emails, and any pertinent information such as; change of living arrangements, emergency contacts, changes in health & allergy, etc.
- I/we understand and support the Monthly Family Faith Formation. A parent/guardian/adult must accompany the child. Monthly reservations are required via email, text or by returning the monthly reservation form. If I can't accompany my child(ren) I will notify the office.
- Parents will attend important meetings with director i.e. reception for sacraments of Baptism, First Reconciliation and First Holy Communion.
- Families are expected to complete and turn in the monthly Family Sharing Time packets. Each lesson builds upon the next, so it is important to complete all the work each month.
- It is required that students attend all classes, Mass, retreats, special services and service projects, If one must be absent from class or other scheduled activity parents must notify the director.

**I/we understand and agree to the St. John Paul the Great Parish Education program.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY INVOLVEMENT

A wonderful way to support your child's faith development is to involve *your* family in your parish community. Please consider sharing your time and talents as a member of the body of Christ.

† \_\_\_\_\_ **I would like to help with *Special Events, Projects & Liturgies***

*Examples: Living Nativity, Family Mass, Retreats, Crowning of Mary.*

† \_\_\_\_\_ **I am willing to help as a:** *Check all that apply*

Catechist       Substitute       Classroom Assistant

† \_\_\_\_\_ **I would like to assist with the Family Faith Formation Sessions.**

*Once per month. \*Volunteer per your availability! \**

† \_\_\_\_\_ **I would like to help with Computer Data Entry.**

*Updating files, office clerical duties*

† \_\_\_\_\_ **I would be willing to come in during Sacrament Preparation and help children with their prayers.**

*Hail Mary, Act of Contrition, Our Father*

### **And something for you...**

\_\_\_\_\_ **Yes, I would be interested in learning more about the following faith based topic(s) during the Family Faith Formation Classes:**

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## † Children Ministries

Parish Community involvement is essential. Volunteering promotes, responsibility, leadership and most importantly teamwork. Please check all the ministries that are of interest. The director of Religious Education will provide you with any necessary information so you can decide which ministry fits your schedule, your child's age, areas of interests and talents.

### **MY/OUR CHILD(REN) CAN HELP IN THE FOLLOWING MINISTRIES/ROLES**

\_\_\_\_\_ **Help as an Altar Server** (Any boy or girl who has received their first communion can become an altar server.)

\_\_\_\_\_ **Help as a greeter at Mass** (passing out bulletins and various responsibilities)

\_\_\_\_\_ **Children's Choir**

\_\_\_\_\_ **Gift Bearer during Mass.** (Children's names will be picked from a lottery if you do not sign up for your preferred date and mass time.)

\_\_\_\_\_ **Prayer Chalice** (a Chalice goes home for one week, families return it back to Mass the following week filled with prayers and petitions. (Families will be picked from a lottery if families do not sign up for their preferred date and mass time.)