

CHILD'S GRADE IN THE
FALL OF 2020: _____

NEW STUDENT

PLEASE CHECK THE SACRAMENT(S)
THE CHILD NEEDS TO RECEIVE

**SAINT JOHN PAUL THE GREAT CATHOLIC PARISH
RELIGIOUS EDUCATION REGISTRATION 2020-2021**

Please fill out this form in its entirety a separate form for each child

- Baptism
 First Reconciliation
 First Holy Communion

DUE TO COVID OUR PROGRAM WILL RUN ON A HYBRID SCHEDULE UNTIL FURTHER NOTICE

NEW REGISTRATION

Sunday Morning Class 8:15-9:45 a.m.

Wednesday Afternoon Class 5:30-7:00 p.m.

Are you a registered member of our parishes?	YES	NO	If so, please enter Envelope Number	
We regularly attend Mass here:	YES	NO	If yes, which Mass:	
If not, why not?				
Did your child previously attend Religious Education?	YES	NO	If YES, Where?	
Grade entering in the Fall of 2020			Last grade completed in Religious Education	

SACRAMENTAL INFORMATION

BAPTISM	RECONCILIATION	FIRST HOLY COMMUNION
Name of Church	Name of Church	Name of Church
City/State	City/State	City/State
Date of Sacrament If student is NEW to the program, and if Baptized outside of the Torrington Cluster, a COPY of their Baptismal certificate will need to be provide prior to registration.	Date of Sacrament	Date of Sacrament

STUDENT INFORMATION				PLEASE PRINT CLEARLY	
Student Full Name (first, middle, last)			Date of Birth	Sex (Male-Female)	
Child's Place of Birth: City/State			Country (if other than USA)		
Child lives with:	Both Parents/Mother/Father/Other	Street Address			
City/Town		Zip Code	Home Phone Number		

Parent/Guardian Information

FATHER'S INFORMATION		MOTHER'S INFORMATION				
Father's Name		Mother's Name (first, last & maiden)				
Cell Phone Number	Do you receive text message?	Cell Phone Number	Do you receive text message?			
Father's Work Number		Mother's Work Number				
Email Address		Email Address				
Father's Religion		Mother's Religion				
Parents Marital Status (circle one)						
Catholic Marriage	Civil Marriage	Single	Separated	Divorced	Remarried	Widowed

Stepfather's Name (first & last)	Stepmother's Name (first & last)
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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: \$40.00 PER STUDENT

PAYABLE ONLINE, CASH OR CHECK PAYABLE TO ST. JOHN PAUL THE GREAT PARISH

- \$85.00 per student for families from parishes outside of Torrington *Fee waived for volunteer catechists.
- First Holy Communion Tuition \$20.00 payable in the spring of 2021. (For children receiving their Sacraments in 2021)

SIBLINGS IN HOUSEHOLD ATTENDING OTHER PROGRAMS

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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Comments, Concerns & Suggestions:

OFFICE USE: Tuition fee \$ _____ Total Paid: \$ _____ Cash Check# _____ Online

Payment Plan Request YES NO _____ Registration Completed: _____ PDMS: _____