

CHILD'S GRADE IN THE
FALL OF 2020: _____

RETURNING STUDENT

FOR OFFICE USE ONLY

FAMILY # ON PDMS _____

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

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

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

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

We regularly attend Mass:		YES	NO	If yes, which Mass:
If not, why not?				
Grade entering in the Fall of 2020		Last grade completed in Religious Education		
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)
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_____ Check here if any of the above information has changed from last year.
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)

ADDITIONAL HOUSEHOLD STUDENTS

Name of sibling: _____ Grade _____ Religious Program Attending: Confirmation EDGE

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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:

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

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