

Religious Education Registration Form 2010-2011

Parishioner Fee \$25/child / Non-Parishioner Fee \$40/child

Family Name:		Date	
Registered in Parish Yes <input type="checkbox"/> No <input type="checkbox"/>		Home Phone:	
Address:		City:	Zip:
Mother's Name:		Father's Name:	
Mother's Religion:		Father's Religion:	
Mother's Work Phone:		Father's Work Phone:	
Mother's Cell Phone:		Father's Cell phone	
E-mail:		E-mail:	
Child resides with:			
Please send duplicate information to: NAME			
E-mail:		Telephone:	
Address:			
City:		Zip:	
Emergency Contact: Name:		Telephone:	Relationship:
Physician's name		Telephone:	
Insurance carrier:		Policy Number:	
K-8 RE Choice: Sundays 10:15-12:15 <input type="checkbox"/> Home formation <input type="checkbox"/> Summer Intensive Religious Education (6/15-24/10) <input type="checkbox"/>			
Preschool Choice: Sunday 9:00-10:00 <input type="checkbox"/> Sunday 11:00-12:00 <input type="checkbox"/>			
My Child/Children will not be returning: <input type="checkbox"/> Please indicate reason			
Please provide me with more information on the rewarding role of a Catechist, Aid, or Substitute Catechist. <input type="checkbox"/>			

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Consent valid through May 31, 2011

Signature of parent/guardian _____
 If completing online – you will be asked to sign 1st day of class

Date _____

Complete student information on next page

For Office Use Only			
Registered in parish	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fee per child
Intent Card on File?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	X # enrolled
Paid			Current Total Fees:
Date	Check#	Cash <input type="checkbox"/>	recpt #

Family Name

Note: A copy of certificate of Baptism is needed for our files for Children who were baptized outside of St. Barnabas parish.

Student Name		Sacraments recvd	Baptism Information	School Attending 2010-2011
Please list any allergies, medical problems, physical or learning disabilities of which we should be aware:	DOB	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation	Church	Grade 2010-2011
	Sex M <input type="checkbox"/> F <input type="checkbox"/>		City State	Or
			Baptism Date	Preschool Age as of 8/1/2010 2 yrs <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs. <input type="checkbox"/>

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