

Summer Religious Education Registration Form

St. Philip Benizi Catholic Church

591 Flint River Road Jonesboro, GA 30238 770-478-0178 / Fax: 770-471-2079

2019-2020 School Year



Family Last Name _____ Email Address _____

Address _____ Are you registered at the parish? Yes No
 Number Street City/State/Zip Does your family attend Mass weekly? Yes No

Language spoken at home if not English _____ Please specify, which Mass? _____

Marital Status: Single Married Widowed Divorced Separated Do both parents live at home? Yes No

Parent Guardian Information

Parent/Guardian Name (Enter all parents/guardians & check the box on the right for relationship)	Father	Mother	Step-Father	Step-Mother	Guardian	Cell Phone	Religion

Did the children attend RE last year? Yes No

Child's Name (Include last name is different)	Gender (M- Male, F- Female)	Birth Date	Grade child is entering	School Attending	(Please ✓) Sacraments Received			
					Baptism	Penance	Communion	Confirmation

Child/Youth Emergency Information

If parents are separated or divorced, please indicate who has legal right to direct the moral and religious training of the child(ren): (Check one) Joint Conservator Sole Conservator

Name _____ Phone No. _____

Emergency Contacts: Please list two relatives or friends who will assume temporary care of your child in the event that you cannot be reached.

Name _____ Phone No. _____

Name _____ Phone No. _____

Child Health: Note any special medical problems such as allergies, medications, physical limitations, learning disabilities (ADD, ADHD), etc. for each child.

I understand that it is my responsibility to read and follow the policies and procedures provided to me. I grant permission to publish pictures of my child(ren) in a group photo (for Bulletin, Benewzi, and other related Church communications platforms). I accept my responsibility to bring my child(ren) to Mass on Sundays and Holy Days. I recognize that is a sacred duty to raise my children in the knowledge and practice of our Catholic faith.

X

Parent/Guardian Signature

Date

SERVICE OPPORTUNITIES

The success of our program depends entirely on our volunteer staff. Please share your time and talent in spreading the "Good News." In addition, as a full-time volunteer, you qualify for reduced tuition (50%) for your children (check with Religious Education office staff for more information). Please fill in the information below.

Please check your area of interest: Catechist Co-Catechist Nursery Office Help
 Support Staff (moderator, hall monitor, craft assistant, etc.)

Please indicate your availability: Full time (2 weeks, M-F, 8am-12:30pm)

Limited availability. Please specify _____

Religious Education Fees (Preschool through high school)

<u>Before May 15</u>	<u>After May 15</u>
1 Child — \$60	1 Child — \$75
2 Children — \$110	2 Children — \$140
3+ Children — \$150	3+ Children — \$180

FOR OFFICE USE ONLY	Date: _____	Envelope # _____
RE Elem/Middle: _____	Youth Group: _____	
Amount Due: _____	Amount Paid: _____	Balance: _____
Check #: _____	Cash: _____	Credit Card \$ _____
Date: _____	Date: _____	Date: _____
Scholarship/Volunteer Request: _____	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL: _____		