## PRE 2022-2023

Date Registered:

## **Enrollment for Children's Parish Religious Education Program**

Head of Household:	Name of Spouse:				
Complete Address forCorrespondence:					
Home /Cell Phone: (	Cell Phone #2: ()				
Email address (if checked regularly):					
In CASE OF EMERGENCY on Sunday Mornings con	tact				
Name:					
Relationship to child:	Phone: (				
Will a custody situation keep any of the children you are If yes, what Sundays will your child or children usually					
Parent Involvement:					
Check the ones that apply	Sessions start promptly at 9:15.				
_ Serving as a catechist	As a courtesy to catechists and children				
_ Serving as an assistant	please have your children to class on				
Serve as substitute in class	time. When waiting to pick your child				
Willing to serve as support to your child's class in the	up after class, please remain quiet in the				
following manner (indicate those that apply)	mans and under the walkway as it tends				
Bring snacks	to disturb the class.				
Prepare crafts					
_ Assist with special programs	Annual Enrollment Fee:				
_ Make phone calls	\$25=1 child; \$40=2 children; \$50=3 or more				
_ Classroom "tidy up" at end of session					
_ Contribute supplies or special project materials	Enrollment fees may be made in				
_ Chaperone special activities that may take place out-	monthly installments.				
side of regular class.	Will you need installment plan?				
_ Help with mail outs	Office Use Only:				
_ Use computer to create fliers, etc.	Payment Rec'd: \$ Date:				
_ Assist with recognition gifts for catechists and chil-	Balance Due: \$				
dren. Work on Art & Environment (bulletin boards	Payment Rec'd: \$ Date:				
_ Work on Art & Environment (bulletin boards, seasonal decorations, etc.)	Payment Rec'd: \$ Date:				

## **Enrollment Information**

† CHILD'S FU	LL NAME:				
Date of Birth:		Grade:	Attends school at:		
Sacrament	Rec'd: Yes or No	City/ State		Church of Sacrament	
Baptism					
First Reconciliation					
First Communion					
Confirmation					
		y have: (include	any medical conditions o	r learning disabilities)	
† CHILD'S FU	LL NAME:	C 1	1		
Date of Birth:		Grade: Attends school at:			
Sacrament	Rec'd: Yes or No	City/ State		Church of Sacrament	
Baptism					
First Reconciliation					
First Communion					
Confirmation					
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Date of Birth:		Grade:	Attends school at:		
Sacrament	Rec'd: Yes or No	City/ State		Church of Sacrament	
Baptism					
First Reconciliation					
First Communion					
Confirmation					
Please note any specia	l needs your child may	y have: (include	any medical conditions o	r learning disabilities)	
† CHILD'S FU	LL NAME:				
Date of Birth:		Grade:	Attends school at:	l at:	
Sacrament	Rec'd: Yes or No	City/ State		Church of Sacrament	
Baptism					
First Reconciliation					
First Communion					
Confirmation					
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