



St. John Eudes Religious Education Registration Form 2018-2019

FAMILY LAST NAME _____ **PARENTS' FIRST NAME** _____

Mailing Address _____

Primary Phone Number: _____

Children live with Both Parents Mother Father Other Guardian (please specify) _____

Emergency Contact Name _____ Emergency Contact Phone _____

Registered Member of St. John Eudes Yes No If no, Registered at _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

Address _____
(if different from above)

Address _____
(if different from above)

Religion _____

Religion _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Family Email Address _____ (email must be provided to send updates / changes)

Does your Child/Children belong to our parish swim team? Yes No

STUDENT INFORMATION

◆ **CHILD #1 FIRST NAME** _____ **LAST NAME** _____

M F **SPECIAL NEEDS*** Y N **DATE OF BIRTH** (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2018 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

- | | | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades 1-5
Tuesday
4:00—5:30 pm
1st Year | <input type="checkbox"/> Grades 1-5
Wednesday
4:00—5:30 pm
2nd Year | <input type="checkbox"/> Grades 1-5
Sunday
9:00—10:30 am
<input type="checkbox"/> 1st Year <input type="checkbox"/> 2nd Year | <input type="checkbox"/> EDGE Middle School
Tuesday (Ages 11yrs-13yrs)
6:30— 8:00 pm | <input type="checkbox"/> R.C.I.C. (Rite of Christian Initiation for Children)
Thursday (Ages 8yrs-18yrs)
6:30— 8:00 pm |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

Date: _____ **Amount \$** _____

Check # _____ **Classroom:** _____

Envelope # _____

STUDENT INFORMATION CONTINUED

◆ CHILD #2 FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2018 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

- | | | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades 1-5
Tuesday
4:00—5:30 pm
1st Year | <input type="checkbox"/> Grades 1-5
Wednesday
4:00—5:30 pm
2nd Year | <input type="checkbox"/> Grades 1-5
Sunday
9:00 —10:30 am
<input type="checkbox"/> 1st Year <input type="checkbox"/> 2nd Year | <input type="checkbox"/> EDGE Middle School
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Thursday (Ages 8yrs-18yrs)
6:30– 8:00 pm |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

◆ CHILD #3 FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2018 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

- | | | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades 1-5
Tuesday
4:00—5:30 pm
1st Year | <input type="checkbox"/> Grades 1-5
Wednesday
4:00—5:30 pm
2nd Year | <input type="checkbox"/> Grades 1-5
Sunday
9:00 —10:30 am
<input type="checkbox"/> 1st Year <input type="checkbox"/> 2nd Year | <input type="checkbox"/> EDGE Middle School
Tuesday (Ages 11yrs-13yrs)
6:30– 8:00 pm | <input type="checkbox"/> R.C.I.C. (Rite of Christian Initiation for Children)
Thursday (Ages 8yrs-18yrs)
6:30– 8:00 pm |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

◆ CHILD #4 FIRST NAME _____ LAST NAME _____

◆
 M F SPECIAL NEEDS* Y N DATE OF BIRTH (mm/dd/yyyy) _____

School Attending _____ Grade Level in Fall 2018 _____ Baptized ? _____

* Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

CLASS SESSION PREFERENCE

Please indicate your choice of session for this child. **Do not** request class placement with specific friends. Your selection may be changed due to class availability.

- | | | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades 1-5
Tuesday
4:00—5:30 pm
1st Year | <input type="checkbox"/> Grades 1-5
Wednesday
4:00—5:30 pm
2nd Year | <input type="checkbox"/> Grades 1-5
Sunday
9:00 —10:30 am
<input type="checkbox"/> 1st Year <input type="checkbox"/> 2nd Year | <input type="checkbox"/> EDGE Middle School
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|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|



Medical Release & Earthquake Information Form 2018-2019

ONE MEDICAL RELEASE FORM MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE PROGRAM(S).

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in case of medical emergency, that in the opinion of the attending physician, may endanger her or his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.

Please fill in the following information and sign where indicated:

NAME OF MINOR _____	ADDRESS _____
PHONE NUMBER _____	RELATIONSHIP TO YOU _____
PHYSICIAN NAME _____	PHONE NUMBER _____
INSURANCE COMPANY _____	GROUP NUMBER _____
DENTIST'S NAME _____	PHONE NUMBER _____

List specific medical allergies, chronic illnesses, learning disabilities or other health or learning issues that may affect classroom behavior:

This release form is for the duration of the Religious Education and Youth Ministry classes, September 2017 through May 2018. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence

Signed _____ Date _____

IMPORTANT: You must notify the Religious Education Office immediately if any of the above information should change at any time. (i.e. change of physician, dentist, medical condition, or concerns)

PHOTO OPT-OUT

Occasionally we publish photos of Religious Education and Youth Ministry students on our website, newsletters or church bulletin. Names of the students are never used. If you **DO NOT** wish your child's photograph used, please indicate below.

I **DO NOT** give permission for photo release of the student listed above.

Signed _____





St. John Eudes Religious Education

Medical Release & Earthquake Information Form 2018-2019 cont.

In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to you (the parent/guardian) or those adults you list below.

NAME OF MINOR _____

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

NAME _____

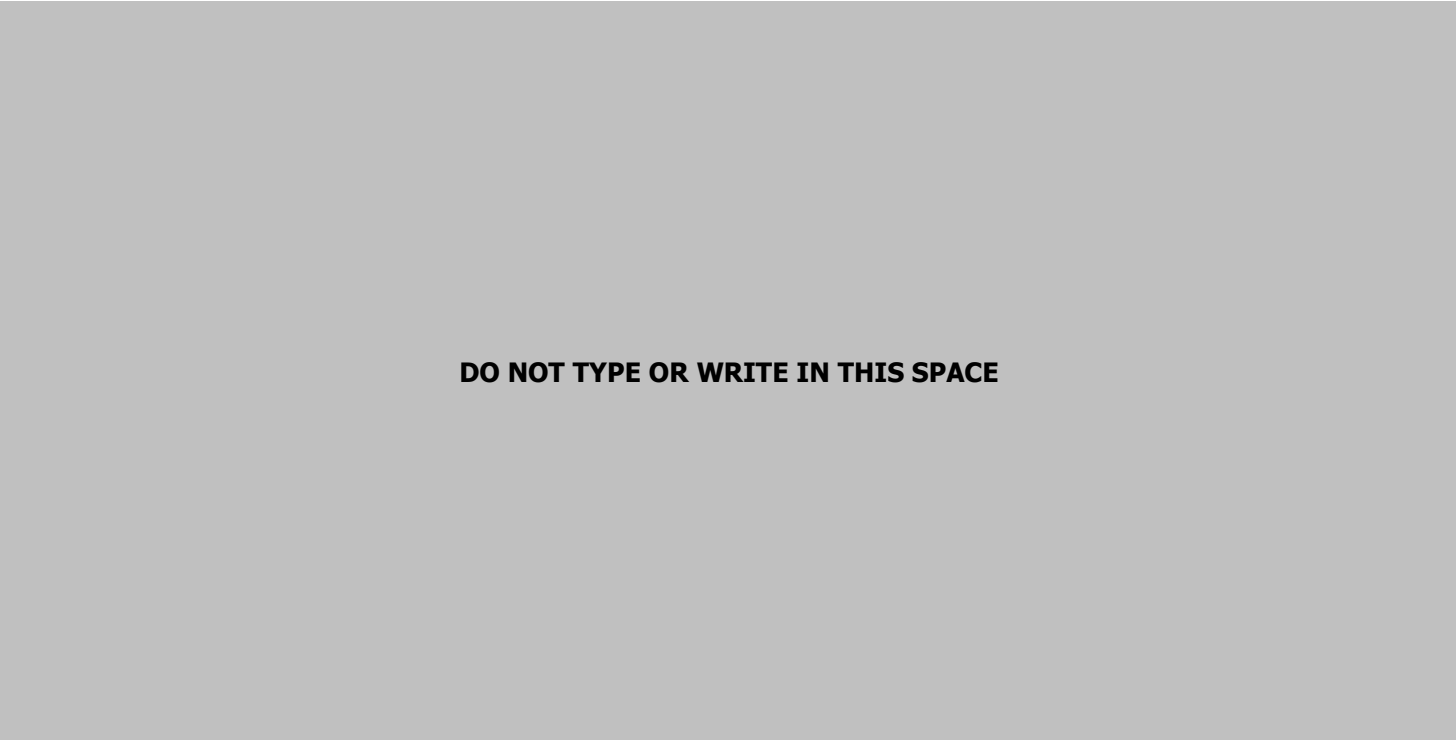
ADDRESS _____

PHONE _____

FOR OFFICE USE ONLY		
Child picked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date _____	Time _____	
By _____		
Child picked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date _____	Time _____	
By _____		

I hereby give consent for the adults listed above to take my child into their custody in the event of an emergency, if I am unable to do so. I have notified each of them regarding this permission.

Signed _____



DO NOT TYPE OR WRITE IN THIS SPACE



ONE SACRAMENTAL RECORD MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE PROGRAM(S).

Student's Name _____ Date of Birth (mm/dd/yyyy) _____

DATE OF BAPTISM* (mm/dd/yyyy) _____

PARISH BAPTIZED* (Church Name, City, State and/or Country) _____

***required information**

A photocopy of the Baptismal Certificate is required for students baptized outside of SJE for our files. Please send Baptismal Certificate copy with registration materials if this applies to your child.

Has your child completed previous grades of Religious Education **Y** **N**

If so, what grade levels? _____ Parish Name? _____

Has your child attended a Catholic Elementary prior to enrollment in our programs? **Y** **N**

If so, what grade levels? _____ Parish/School Name? _____



Payment plan

DATE:

AMOUNT \$

DATE:

AMOUNT \$

DATE:

AMOUNT \$



St. John Eudes Parish

Family Commitment 2018-2019

The Catholic Church, states that “parent above others are obliged to form their children in the faith and practice of Christian life by work and example”. Our parish recognizes and affirms parents in their role as the primary catechists of their children. As your children were baptized, parents and godparents made a commitment to see that their child or godchild would be raised in the Catholic Faith. That is not a simple or necessarily easy task. We know that families are so very busy, so we want to help you bring discipleship into your family’s daily routine.

SPIRITUAL

In additional to attending weekly Mass and on Holy Days of Obligation, we ask that your family commit to forming yourself in the faith and helping your children experience the beauty, goodness, and truth of the Church. As a Religious Ed family you are committing to growing spiritually this year as a family:

- Attend all Sacramental Preparation Parent meetings and retreats
- Attendance is critical only three unexcused absences are allowed
- Fees must be paid in full at the time of registration
- A copy of a Baptismal Certificate must be turned in for each child (if the child has been Baptized)
- Attend once-a-month Children’s Mass at our parish designed for kids.
- Parents and Students are required to attend Mass once a week Saturday or Sunday
- Pray as a family at home (before meals, rosary, and other devotions)
- Enroll in Automatic Giving or signed up for parish envelopes to be handed in each month
- Parents are required to fulfill 12 hours of Volunteer time: can be in class, carnival, retreats

Optional:

Donate Snacks, help with office/parking lot needs for trunk or treat or Sponsor a child to attend Religious Education or Vacation Bible School.. Help with Fundraising Events for the parish

Our stewardship theme this year is based on Mark 12:44...the Widow's Mite. The widow in the gospel puts two little coins into the temple treasury--she doesn't give out of her surplus; she gives out of her need and want. She gives first and doesn't question her own needs until later. Does this take generosity on her part? Yes, but it is more than that; it takes faith...trust in God that He will provide her with all she needs. We at SJE asked that you give generously each month.

PLEASE NOTE: At SJE we do not have the parents or Godparents process up with their child for his/her reception of the Holy Eucharist

AGREED & ACCEPTED BY:

Print name: _____

Email Address: _____