

**ST. ALPHONSUS AND ST. PATRICK PARISH
RELIGIOUS EDUCATION PROGRAMS
PRE-REGISTRATION APPLICATION - 2021/2022**

CHILD(REN)'S LAST NAME: _____ Date: _____

Father (Full Name): _____ Mother (Full/Maiden): _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL 1 _____ E-MAIL 1 _____

[Circle Preferred] CELL 2 _____ E-MAIL 2 _____

CHILD(REN) lives with: ___Both parents ___Mother ___Father ___Guardian (Relationship _____)



II.	GRADES 1 THROUGH 8 NAME	GRADE IN SEPT. 2021	DOB	PREVIOUS RELIGIOUS EDUCATION Grades/Place
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____

III. LITTLE TYKES FOR CHRIST – PRE-K (Ages 3-5)

- 1. _____
- 2. _____

***Specific dates and times for all classes have not been set at this time.**

Please circle:

Yes No Does your child have a reading, sight, hearing, coordination, attention or any other challenge that we should be aware of? (IEP or 504 Plan) Specify _____

Yes No Is your child receiving any special services in school? Specify _____

Yes No Does your child take any medications? Specify _____

Yes No Are you a registered and participating member of St. Alphonsus & St. Patrick Parish?
If not, where? _____

IF YOU HAVE A CHILD RECEIVING A SACRAMENT:

Candidate's Full Baptismal Name: _____

Age: _____ **Date of Birth:** _____ **Date of Baptism:** _____

Parish of Baptism: _____

Address of Parish of Baptism: City _____ State _____ Zip Code _____

MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Parent/Guardian Signature

Date

If parents are divorced or separated, we presume that both parents have access to the children unless one parent can provide evidence that he or she has the sole right. If there is a parent who should not have access to the child(ren), then the custodial parent must provide a court certified copy of the custody section of the divorce decree (or separation agreement).



PHOTO DISCLAIMER

We take photos of students in the classrooms and at special events. We may publish the photos in the bulletin, on flyers, or on our website. Please indicate your permission to publish your child(ren)'s photo by signing below.

Parent/Guardian Signature

Date

MINISTRY OF CATECHESIS INQUIRY

We will have the need for new catechists this upcoming school year. It is an opportunity for your own personal enrichment and the development of your children's faith. If you feel a little pull toward this ministry, and would like to find out more about it, please check one of the boxes below:

My name is _____.

- Yes, I would like to talk to you about becoming a catechist.
- Yes, I would like to talk to you about becoming a catechist-aide.