



2010 – 2011 RELIGIOUS EDUCATION REGISTRATION
Grades K-8

Joe Hancock
Director of Religious Education
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(563)556-7511

Parent/ Guardian Information

Name of Parent(s)/Guardian(s): _____

Address: _____
(Street) (City) (Zip)

E-mail: _____ Home Telephone: _____

Cell Phone: _____ Work Telephone: _____

Alternate/ emergency contact name: _____
Relationship: _____ Telephone: _____

Parents: We seek your assistance in the Religious Education program. You can help in one of 3 roles as listed below. We will be flexible in scheduling your service- you can help in your child's session time. Please indicate if you would be willing to help as a:

Catechist (Teacher) _____ Classroom Aide _____ Hall Monitor _____

Student Information

1. Student Name: _____ Prefers to be called: _____
Birth date: _____ School 2010-11: _____ Grade Entering (K-8): _____ Gender: M / F _____
Church of Baptism: _____ Received First Eucharist: Y / N

Describe special needs or circumstances (allergies, learning needs, physical limitations, medical conditions): _____

2. Student Name: _____ Prefers to be called: _____
Birth date: _____ School 2010-11: _____ Grade Entering (K-8): _____ Gender: M / F _____
Church of Baptism: _____ Received First Eucharist: Y / N

Describe special needs or circumstances (allergies, learning needs, physical limitations, medical conditions): _____

3. Student Name: _____ Prefers to be called: _____
Birth date: _____ School 2010-11: _____ Grade Entering (K-8): _____ Gender: M / F _____
Church of Baptism: _____ Received First Eucharist: Y / N

Describe special needs or circumstances (allergies, learning needs, physical limitations, medical conditions): _____

SESSION TIME PREFERENCE

Select the session time you would like your child(ren) to attend. Kindergarten is offered in the early session. 4:45-6:00 PM _____ or 6:30-7:45 PM _____ either session is ok: _____

If you are home schooling, please note the name(s) of the applicable child(ren) here:

SEE REVERSE SIDE →

Parent / Guardian Covenant

Tuition for Religious Education is \$150 per student for registered parishioners.

Are you a registered Resurrection parishioner? (Circle one) **YES** **NO** **NO, but will register.**

A \$25 program fee is required for Reconciliation and First Communion (2nd Grade students). This includes a Blessing Cup, Eucharist Retreat, and other special materials.

Please choose payment plan(s):

_____ Regular Annual Payment is attached with registration.

_____ Monthly Payment: Bills will be sent monthly. Final payments are due February 25th, 2011.

_____ We will apply for tuition assistance. Assistance may be for whole or part of tuition.

_____ Contact Joe Hancock for an application form.

No student will be denied religious education because of financial hardship.

All financial arrangements and payments will be confidential.

Parents are the first and primary teachers of their children, and children learn best by example. Mass is the most important part of our faith formation, and attendance at weekend Mass is required for all Catholics.

The RE program requires the support of parents in the home for study, prayer, attending Mass, and service to the community.

I understand my financial and spiritual obligations to my parish and its religious education program. I understand my responsibility to insure my student(s) adhere to the discipline policy that insures a respectful learning environment.

Parent/Guardian _____ Date _____

AUTHORIZATION AND RELEASE TO MEDIA

Parishes/schools ask parents/guardians to sign a Release and Authorization form for the use of any video tapes, photographs, or similar items used by the media or on a parish/school web page.

I understand that by signing this Release and Authorization I hereby grant authority to the Church of the Resurrection for the use of any media in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements. I also hereby release the Church of the Resurrection from any claims that may be made by me upon the use of this material.

Parent/Guardian _____ Date _____

*****THIS SECTION IS FOR OFFICE USE ONLY*****

TOTAL AMOUNT DUE	PAYMENT DATE	PAYMENT AMOUNT	CHECK NUMBER	BALANCE