



# 2010 Summer Religious Education Registration Grades 1-6

Date of Registration: \_\_\_\_\_

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: \_\_\_\_\_

We appreciate your assistance in the summer program. Please indicate the day (s) you would be willing to help as a classroom aide (CA) or as a break time assistant (BTA):

June 14 \_\_\_\_\_ June 15 \_\_\_\_\_ June 16 \_\_\_\_\_ June 17 \_\_\_\_\_

June 21 \_\_\_\_\_ June 22 \_\_\_\_\_ June 23 \_\_\_\_\_ June 24 \_\_\_\_\_

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## Student Information

1. Student Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
Birth date: \_\_\_\_\_ School 2010: \_\_\_\_\_ Grade Entering (1-6): \_\_\_\_\_ 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: \_\_\_\_\_ Grade Entering (1-6): \_\_\_\_\_ 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: \_\_\_\_\_ Grade Entering (1-6): \_\_\_\_\_ Gender: M / F \_\_\_\_\_  
Church of Baptism: \_\_\_\_\_ Received First Eucharist: Y / N

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

## Parent/ Guardian Covenant

Tuition for the summer program 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 second grade students preparing for Reconciliation and First Eucharist. The program fee includes a Blessing Cup, Eucharist Retreat, and other special materials.

**Please choose payment plan(s):**

\_\_\_\_\_ Payment included with registration. (\$20 discount per student if paid by February 28, 2010)

\_\_\_\_\_ Monthly Payment: Bills will be sent monthly. Final payments are due June 24, 2010.

\_\_\_\_\_ We will apply for tuition assistance. Assistance granted could include total or partial amount. Contact Joe Hancock for an application form.

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

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 summer 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 the religious education program.

The summer program will offer my child an intense learning experience. The curriculum will present grade-specific faith concepts in a condensed timeframe. I will support my student(s) in this effort by insuring their daily attendance, and assist them in reviewing their progress every day.

I understand my responsibility to insure my student(s) adhere to the discipline policy that guarantees a respectful learning environment.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Amount Due	Payment date	Payment amount	Check number	Balance