

PRE 2025-2026

Date _____
Registered: _____

Enrollment for Children's Parish Religious Education Program

Head of Household: _____ Name of Spouse: _____

Complete Address for Correspondence: _____

Home /Cell Phone: (____)____-____ Cell Phone #2: (____)____-____

Email address (if checked regularly): _____

In CASE OF EMERGENCY on Sunday Mornings contact...

Name: _____

Relationship to child: _____ Phone: (____)____-____

Will a custody situation keep any of the children you are registering from attending each Sunday? Yes or No
If yes, what Sundays will your child or children usually be **present**? 1st 2nd 3rd 4th 5th

Parent Involvement:

Check the ones that apply

- ☐ Serving as a catechist
- ☐ Serving as an assistant
- ☐ Serve as substitute in class
- ☐ Willing to serve as support to your child's class in the following manner (indicate those that apply)
- ☐ Bring snacks
- ☐ Prepare crafts
- ☐ Assist with special programs
- ☐ Make phone calls
- ☐ Classroom "tidy up" at end of session
- ☐ Contribute supplies or special project materials
- ☐ Help with mail outs
- ☐ Use computer to create fliers, etc.
- ☐ Work on Art & Environment (bulletin boards, seasonal decorations, etc.)

Sessions start promptly at 9:15.

As a courtesy to catechists and children, please have your children to class on time. When waiting to pick your child up after class, please remain quiet in the halls and under the walkway as it tends to disturb the class.

Annual Enrollment Fee:

\$25=1 child; \$40=2 children; \$50=3 or more

Enrollment fees may be made in monthly installments.

Will you need installment plan? _____

Office Use Only:

Payment Rec'd: \$ _____ Date: _____

Balance Due: \$ _____

Payment Rec'd: \$ _____ Date: _____

Payment Rec'd: \$ _____ Date: _____

Enrollment Information

† **CHILD'S FULL 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				

Please note any special needs your child may have: (include any medical conditions or learning disabilities)

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