

RETURNING STUDENTS ONLY

REGISTRATION FOR RELIGIOUS EDUCATION 2011-2012

FAMILY NAME:	
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Family Information			
Street Address	City	State	ZIP Code
Home Telephone	Email Address (Used for Religious Education updates, reminders, and info.)		

Mother/Guardian			
First Name	Last Name	Work Phone	Cell Phone

Father/Guardian			
First Name	Last Name	Work Phone	Cell Phone

Name of Student #1			
Last	First	Middle	Nickname

Gender	Grade in Sep '11	Date of Birth (mm-dd-yyyy)	School Attending in 2011-2012
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Class Preferences for Student #1	
PLEASE INDICATE FIRST AND SECOND CHOICE OF CLASS	PS and K classes meet at 9 am on Sundays.

GRADES 1-6			
<input type="checkbox"/> Sunday 9-10:15 am <small>(gr. 1, preschool siblings ONLY)</small>	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm	<input type="checkbox"/> Wednesday 4-5:15 pm <small>(gr 1-5 only)</small>

GRADES 7-8		
<input type="checkbox"/> SUMMER TRACK <small>(register by 6/15, info enclosed)</small>	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm

Please be aware that any class that does not meet the 10 student minimum may be cancelled.

Fees: Cover books, supplies, and materials.		
<input type="checkbox"/> One child \$125 <input type="checkbox"/> Two children \$250 <input type="checkbox"/> Three or more \$300	<input type="checkbox"/> Out of Parish \$350 <input type="checkbox"/> Optional REPA donation to cover REPA events and outreach, \$25	About Fees: Your child's Religious Education is more important than paying the full fee. If the fee is a hardship for your family, please pay what you can.

Do NOT use this form for new students

ADDITIONAL RETURNING STUDENTS ON REVERSE

Office use only: Date	By	Tuition
Sacrament	Permission slip:	REPA check #

FAMILY NAME:				
Name of Student #2				
Last		First		Middle
Nickname				
Gender	Grade in Sep '11	Date of Birth (mm-dd-yyyy)	School Attending in 2011-2012	
<input type="checkbox"/> Male				
<input type="checkbox"/> Female				
Class Preferences for Student #2				
PLEASE INDICATE FIRST AND SECOND CHOICE OF CLASS			PS and K classes meet at 9 am on Sundays.	
GRADES 1-6				
<input type="checkbox"/> Sunday 9-10:15 am (gr. 1, preschool siblings ONLY)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm	<input type="checkbox"/> Wednesday 4-5:15 pm (gr 1-5 only)	
GRADES 7-8				
<input type="checkbox"/> SUMMER TRACK (register by 6/15, info enclosed)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm		
Name of Student #3				
Last		First		Middle
Nickname				
Gender	Grade in Sep '11	Date of Birth (mm-dd-yyyy)	School Attending in 2011-2012	
<input type="checkbox"/> Male				
<input type="checkbox"/> Female				
Class Preferences for Student #3				
PLEASE INDICATE FIRST AND SECOND CHOICE OF CLASS			PS and K classes meet at 9 am on Sundays.	
GRADES 1-6				
<input type="checkbox"/> Sunday 9-10:15 am (gr. 1, preschool siblings ONLY)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm	<input type="checkbox"/> Wednesday 4-5:15 pm (gr 1-5 only)	
GRADES 7-8				
<input type="checkbox"/> SUMMER TRACK (register by 6/15, info enclosed)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm		
Name of Student #4				
Last		First		Middle
Nickname				
Gender	Grade in Sep '11	Date of Birth (mm-dd-yyyy)	School Attending in 2011-2012	
<input type="checkbox"/> Male				
<input type="checkbox"/> Female				
Class Preferences for Student #4				
PLEASE INDICATE FIRST AND SECOND CHOICE OF CLASS			PS and K classes meet at 9 am on Sundays.	
GRADES 1-6				
<input type="checkbox"/> Sunday 9-10:15 am (gr. 1, preschool siblings ONLY)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm	<input type="checkbox"/> Wednesday 4-5:15 pm (gr 1-5 only)	
GRADES 7-8				
<input type="checkbox"/> SUMMER TRACK (register by 6/15, info enclosed)	<input type="checkbox"/> Sunday 10:30-11:45 am	<input type="checkbox"/> Tuesday 4-5:15 pm		

PLEASE COMPLETE REVERSE

**ST. JOHN FISHER CHURCH PERMISSION FORM AND DISASTER PREPAREDNESS PLAN
PLEASE READ CAREFULLY! THIS DOCUMENT IS TO MAKE SURE YOUR
CHILDREN ARE SAFE IN AN EMERGENCY!**

COMPLETE THIS FORM and SIGN IN THE BOX AT THE BOTTOM

I hereby permit _____

Child(ren)'s name(s)

LAST NAME

to participate in youth activities as scheduled from **June 1, 2011 to June 1, 2012.**

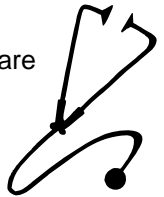
I agree to direct my child(ren) to cooperate and conform with directions and instructions of the supervisory personnel. Should it be necessary for my child(ren) to have medical treatment while participating in this activity, I hereby give the supervisory personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are effective have limited application. **If your child is ill or injured, and we cannot reach you, we will attempt to reach the person you designate on the line below.**



_____ Name and phone number of **NON PARENT** Emergency Contact

MEDICAL INFORMATION ABOUT YOUR CHILD(REN)

Please indicate any chronic conditions or illnesses of which the Religious Education Staff should be aware (e.g. epilepsy, diabetes, food allergies, daily medications, etc.):



<u>NAME(S) OF CHILD(REN)</u>	<u>GRADE</u>	<u>MEDICAL CONDITION (if any)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child on regular, daily medication? _____

Name(s) of medication, if any: _____

Comments or Special Instructions: _____



IF THERE IS A FIRE, EARTHQUAKE, OR OTHER DISASTER:

1. Students attending classes will be held at the church until they are picked up by a parent or other authorized person unless your **written** instructions state otherwise. (Please indicate authorized persons below).
2. If the church property must be evacuated and your child is not picked up, he/she will be brought by a staff member to a local evacuation center, as directed by authorities.
3. Students will be advised of emergency procedures. This plan will be followed to the best of our ability. This is a contingency plan and we pray that it will never be needed.

List NAMES OF AUTHORIZED PERSONS other than parents to whom Staff may release your child(ren) if you are unable to pick the child(ren) up in an emergency evacuation situation.

_____ Name

_____ Name

I have read the Disaster Preparedness Plan as stated above. It is acceptable as stated.

Signed: _____