

ST. JOHN SCHOOL OF RELIGION --- 2011-2012 ---- REGISTRATION INFORMATION

Select one: **Elementary Program:** (Grade 1-6) _____ Monday, **4:15-5:30** **OR** _____ Monday, **6:30-7:45**

Preschool Program: _____ Sunday 8:50-10:10am (Ages 3-5 years by 12/1/11)

Adapted Sacramental Prep Program Mondays 6:30-7:45 _____ **Sac Prep I** _____ **Sac Prep II**

Mother/Guardian _____ Father/Guardian _____
Last First Last First

Mother's Religion _____ Father's Religion _____

Street Address _____
Number Street City Zip

Home Phone: () _____ Mom's Cell () _____ Dad's Cell () _____

Mom's Email _____ Dad's Email: _____

If parent cannot be reached, in case of emergency please contact:

Name _____ Relationship: _____ Phone: () _____

***Do children have any medical or learning problems of which we should be aware? YES / NO**

If yes, please explain _____

***Children primarily reside with:** ___ **Both Parents** ___ **Mother** ___ **Father** ___ **Other** _____

***Any special family circumstances of which we should be aware?** _____

COMPLETE ONE SECTION FOR EACH CHILD:

1. Name _____ New Student? Yes () No () Sex _____
Last First

Date of Birth ____/____/____ Rel. Ed. Grade ____ School Grade ____ Preschool Age 3yr 4yr 5yr
(as of 12/1/11) CIRCLE ONE

School Attending _____

***Check Sacraments Received:** ___ **Baptism(Catholic-Other)** ___ **1st Reconciliation** ___ **1st Eucharist**
CIRCLE ONE

2. Name _____ New Student? Yes () No () Sex _____
Last First

Date of Birth ____/____/____ Rel. Ed. Grade ____ School Grade ____ Preschool Age 3yr 4yr 5yr
(as of 12/1/11) CIRCLE ONE

School Attending _____

***Check Sacraments Received:** ___ **Baptism(Catholic-Other)** ___ **1st Reconciliation** ___ **1st Eucharist**
CIRCLE ONE

3. Name _____ New Student? Yes () No () Sex _____
Last First

Date of Birth ____/____/____ Rel. Ed. Grade ____ School Grade ____ Preschool Age 3yr 4yr 5yr
(as of 12/1/11) CIRCLE ONE

School Attending _____

***Check Sacraments Received:** ___ **Baptism(Catholic-Other)** ___ **1st Reconciliation** ___ **1st Eucharist**
CIRCLE ONE

REGISTRATION FEES

One Child	\$135.00	Amount Paid \$ _____	Date Paid _____
Second Child	\$110.00	Check _____	Cash _____
Third Child	\$85.00	Balance Due \$ _____	
*Family Meeting Fee	\$35.00		
**Late Fee	\$25.00		

***A Family Meeting Fee of \$35.00 is also required for each child in 2nd Grade, 3rd Grade, or the Adapted Sacramental Prep Program.**

****A \$25.00 late fee must accompany any registration submitted after May 16, 2011 for any returning students.**

ST. JOHN SCHOOL OF RELIGION

I, _____, the undersigned parent/guardian of _____, do hereby give permission for my son/daughter to attend the Religious Education Program held at St. John Catholic Church in Encinitas, California.

I also give **permission for photographs** to be taken of my child/children during program activities. These photos may be printed in the church bulletin, displayed on church property, posted on the parish website or be submitted to the Diocese newspaper. ___ **Yes** ___ **No**

APPROVAL OF EMERGENCY PROCEDURES

When the person in charge decides a minor child needs emergency medical treatment, he will make a reasonable attempt to contact us. We give this authorization in advance so if we can not be reached, he/she will have the authorization and power to give approval for necessary medical attention recommended by a licensed physician or surgeon. Neither agents nor organizations will assume a financial responsibility for this action.

In emergency situations where we cannot be contacted, we hereby authorize the persons in charge to follow the procedure listed below, which is pursuant to Section 25.18 of the Civil Code of California:

1. Time and situation permitting, to make a reasonable attempt to contact our named agents;
2. When agents cannot be contacted, the person in charge is to act in our behalf;
3. Time and situation permitting, to contact the following doctor, hospital, and/or ambulance service:

FAMILY PHYSICIAN: _____ **PHONE:** () _____

To be our agent to give consent for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is recommended by any licensed physician or surgeon.

RELEASE FROM LIABILITY

I understand and agree that by signing this form, I am freeing St. John Catholic Church and the St. John Office of Religious Education, its officers, or other agents from any liability resulting from my child's participation in the sponsored activity. I certify that I have personally read and understand this waiver and release.

SIGNATURE OF PARENT/GUARDIAN

DATE

****REGISTRATION WILL NOT BE ACCEPTED UNTIL ALL INFORMATION ON THIS FORM IS PROVIDED.***

ST. JOHN SCHOOL OF RELIGION 2011-2012 VOLUNTEER SERVICE FORM

In order to provide your children with a quality program, we ask each family to volunteer in at least one area below. Please review this sheet thoroughly and then indicate those areas in which you will be volunteering.

This sheet must accompany your child's registration form before it will be processed.

Parents Name: _____ Phone: () _____

Child's Name: _____

Child's Religious Ed. Grade: ____ Session: ____ 4:15 or ____ 6:30 ____ Preschool

Grade 1-6	Grade 1-6	Preschool Age Group
Mon. 4:15	Mon. 6:30	(3, 4, or 5 yr olds for Sun. 9:00)

Classroom Teacher
(Sept-May) _____

Classroom Aide
(Weekly) _____

Classroom Aide
(Every other class) _____

Substitute Teacher

Music Teacher

Babysit
During class session _____

Office Help
During class sessions

Sunday's Dismissal for the "Children's Liturgy of the Word"
(Check time, position and frequency available)

_____ Weekly _____ Biweekly _____ Monthly

Leader 9:00am Mass

Leader 10:30am Mass

Aide 9:00am Mass

Aide 10:30am Mass

Other Areas

_____ Office Help	_____ Help with Sacrament Meetings
_____ Help with Registration	_____ Help with Retreat
_____ Summer Bible Camp leader or assistant (5 day commitment)	