

St James Religious Education Registration 2007-2008

Pre-School through 5th Grade

STUDENT'S NAME _____

Grade _____ Age _____ Sex _____ Birthday _____

Special needs: medical, learning or physical disabilities _____

SESSION DESIRED: Sunday Morning 9:00 am — 10:30 am
 Wednesday Evening 6:30—8:00 pm (Grades 1-5 only)

PARENTS/GUARDIANS _____

Address _____ City _____

Home Phone _____ Alternate Phone _____

E-mail (please print clearly) _____

Are you a registered member of our parish family? YES NO

If no, please fill out parish registration so you can be added to our database.

SACRAMENTS: Please check the sacraments your child **has ALREADY received:**

- BAPTISM (Catholic? Date/Place?) _____
- RECONCILIATION
- COMMUNION

Other Children enrolled in RE or Youth Group:

Names _____ Grades _____

VOLUNTEER OPPORTUNITIES:

Our program would not be possible without parent involvement. Each family is asked to consider where they would like to help: **(please check at least one)**

- | | |
|--|---|
| <input type="checkbox"/> Catechist | <input type="checkbox"/> Dismissal Aide |
| <input type="checkbox"/> Substitute Catechist | <input type="checkbox"/> Advent/Lenten Gatherings |
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Lenten Soup Suppers |
| <input type="checkbox"/> Office Aide | <input type="checkbox"/> Teacher Appreciation Luncheon |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Donate food/supplies |
| <input type="checkbox"/> Hospitality (serve, set up, clean up) | <input type="checkbox"/> Other special talents you could offer? |

Fees: \$40 for one child, \$75 for two, maximum of \$90 per family.

Subscription to "Take Out" magazine is an extra \$10 per year, per family.

Fees are payable at the time of registration (other payment arrangements can be made with Cecilia)

Cash \$ _____ Check # _____ Amount \$ _____

Yes! Add my family to the "Take Out" Magazine subscription (10 issues/year)

Split with Youth group: # in _____ YG, # in _____ RE

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Permission Forms

Photographic Release



I give St James Catholic Parish permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the parish with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

YOUR NAME (Parent or Guardian , Please print)

YOUR SIGNATURE

DATE

TALKING ABOUT TOUCHING PROGRAM

I **give permission** for my child, _____, to participate in the Committee for Children Personal Safety Curriculum *Talking About Touching*.

I **do not** wish for my child, _____, to participate in the Committee For Children Personal Safety Curriculum *Talking about Touching*.

Parent/Caregiver Signature _____

Date _____