PRE 2019-2020 Enrollment for Children's Religious Education Program

Enrollment for Children's Religio	bus Education Program		
Head of Household:	Name of Spouse:	l	
Complete Address for Correspondence:			
Home /Cell Phone: ()	_ Cell Phone #2: ()		
Email address (if checked regularly):			
In CASE OF EMERGENCY on Sunday Mornings cont	act		
Name:			
Relationship to child:	Phone: ()		
Will a custody situation keep any of the children you are re If yes, what Sundays will your child or children usually be			
Parent Involvement:	Donuts are provided follow	wing the 8:00 Mass	
Check the ones that apply	in the parish hall. Donuts	should be eaten	
Serving as a catechist	there and not brought to the Bishop Graves		
Serving as an assistant	Building. Sossions start prompt	thy at 0.15	
Serve as substitute in class	Sessions start promptly at 9:15. As a courtesy to catechists and children,		
	•		
following manner (indicate those that apply)	please have your children to class on time. When waiting to pick your child up after		
_Bring snacks	class, please remain quiet i	-	
Prepare crafts	under the walkway as it ter		
_ Assist with special programs	class.		
_ Make phone calls	A		
_Classroom "tidy up" at end of session	Annual Enrolln \$20=1 child; \$35=2 child		
_ Contribute supplies or special project materials	$$20^{-1}$ child, $$35^{-2}$ child.	ren, \$ 4 5–5 of more	
_ Chaperone special activities that may take place out-	Enrollment fees may be made in		
side of regular class.	monthly installments.		
_Help with mail outs	Will you need installment plan?		
_Use computer to create fliers, etc.	Office Use Only:		
_Assist with recognition gifts for catechists and chil-	Payment Rec'd: \$	Date:	
dren. Work on Art & Environment (bulletin beende	Balance Due: \$		
_ Work on Art & Environment (bulletin boards, seasonal decorations, etc.)	Payment Rec'd: \$		
	Payment Rec'd: \$	Date:	

Enrollment Information

† CHILD'S FUI	LL 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 <i>† CHILD'S FUI</i>		v have: (include	any medical conditions or lear	ning disabilities)	
Date of Birth:		Grade:	Attends school at:	Attends school at:	
Sacrament	Rec'd: Yes or No	City/ State		Church of Sacrament	
Baptism					
First Reconciliation					
First Communion					
Confirmation					
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,	LL NAME: Rec'd: Yes or No	Grade: City/ State	Attends school at:	Church of Sacrament	
Date of Birth:			Attends school at:	Church of Sacrament	
Date of Birth: Sacrament			Attends school at:	Church of Sacrament	
Date of Birth: Sacrament Baptism			Attends school at:	Church of Sacrament	
Date of Birth: Sacrament Baptism First Reconciliation			Attends school at:	Church of Sacrament	
Date of Birth: Sacrament Baptism First Reconciliation First Communion Confirmation	Rec'd: Yes or No	City/ State	Attends school at:		
Date of Birth: Sacrament Baptism First Reconciliation First Communion Confirmation	Rec'd: Yes or No	City/ State			
Date of Birth: Sacrament Baptism First Reconciliation First Communion Confirmation Please note any special	Rec'd: Yes or No	City/ State			
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