

# St. Raphael's Religious Education Registration Form (Year 2011-2012)

<b>Family Name:</b> _____	<b>Home Phone #:</b> _____	<b>Envelope #:</b> (REQUIRED ) _____
<b>Address: (Street)</b> _____	<b>Mother's Maiden Name:</b> _____	
<b>(Town, NY, Zip)</b> _____	<b>E-Mail</b> _____	
<b>Mother's Name:</b> _____	<b>Mother's Address:</b> _____	<b>Home #:</b> _____
		<b>Work #:</b> _____
<b>Father's Name:</b> _____	<b>Father's Address:</b> _____	<b>Home #:</b> _____
		<b>Work #:</b> _____

**PARE (Parents as Religious Educators)** Parents share the responsibility to volunteer their time as an assistant catechist or sit-in parent for an hour's lesson each week.

**Sunday Time: 8:45 am**  **Grade K--8**     
  **Sunday Time**       **11:15 am**      **Grade 1--8**  
 **Monday Time: 4:30pm**  **Grade 1- 8**     
  **Monday Time:**       **7:00pm**      **Grade 1-8**  
 **Tuesday Time: 4:30pm**  **Grade 1- 8**     
  **Tuesday Time:**       **7:00pm**      **Grade 1-8**  
 **Wed. Time: 4:30pm**  **Grade 1- 8**  
 **FIRE Wednesday Time 7PM**  
 **God's Special Children: Wednesday at 4:30** Child's Name \_\_\_\_\_

**Student Information:** Please complete the chart below for each child registered. A parish envelope number is required. Please enter it in the designated area at the top of this form. **Registration cannot be processed without these. While every effort will be made to keep families together, registration is on a first come, first serve basis.**

Last Name	First	School	Grade	Enter Choice

**Prior Religious Education:** Required if not previously enrolled in St. Raphael Indicate each sacrament your child has received by checking the appropriate box. If you family is transferring from another parish program, we need proof of prior Religious Education and sacraments received for each child.

Child's Name	Parish Name /Town/State	Last year Attended	Grade Level	My child has received the following sacraments			
				Baptism	Communion	Penance	Confirmation
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pertinent information we need to know about your child/children**

**Medical:** \_\_\_\_\_       **Allergies:** \_\_\_\_\_  
 **Learning styles:** \_\_\_\_\_

**For optimal learning to take place** At least 2 adults present in the classroom at all times. This ruling necessitates that each parent/guardian takes at least **2 turns** in sitting-in during the class time. It is also the parent's responsibility to contact another registered volunteer parent to fill in as a substitute should the need arise. Each parent will be assigned his/her turn to be a sit in parent.  
 I agree to sit in.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please read and sign the following:**

**For PARE:** I understand that parents may be required to attend parent level presentations throughout the year.  
**For Sacraments:** Children must be enrolled in two full years of regular, consistent participation in a religious education program to receive the sacrament. Parents are required to attend sacramental preparation meetings through out the year.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_