

Household Name \_\_\_\_\_

Mother	Father	
Full Name _____	Full Name _____	 <b>PRIMARY</b> Family Email _____  <b>PRIMARY</b> Family Phone _____
Email _____	Email _____	
Cell # _____ Work # _____	Cell # _____ Work # _____	

**Program Days/Times** (all session times pending adequate enrollment)

Atrium Program (Montessori)	Elementary Classroom Program	Middle School Program	Catholic School Students
3-6 yr ➤ Mon 12:30-2PM <u>or</u> ➤ Mon 4:30-6PM 6-9 yr ➤ Mon 4:30-6PM <u>or</u> ➤ Tues 6:05-7:45PM 9-12 yr ➤ Mon 6:30-8:15PM <u>or</u> ➤ Tues 4:15-6:15PM	Grades K-5 Meets weekly onsite at our parish. Choices for class dates/times: ➤ Mon 7:00-8:15 PM <u>or</u> ➤ Thurs 5:15-6:30 PM	Grades 6-8 Meets twice a month onsite at our parish. Choices for class dates/times: ➤ Sun 3:00PM-4:45PM <u>or</u> ➤ Thurs 6:45PM-8:30 PM	All Catholic school students celebrate their sacraments in their home parish. Please complete this form to enroll your child(ren) for sacraments. In this case, no tuition is owed but sacramental fees do apply.

<b>Child's Full Name</b>	Is this child seeking any sacraments <u>THIS YEAR</u> ? <input type="checkbox"/>	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> None this year	Select a Religious Education Program:	<input type="checkbox"/> Atrium <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home Study	Grade: _____ School: _____ First Choice Day/Time: _____ Second Choice Day/Time: _____
<b>Child's Full Name</b>	Is this child seeking any sacraments <u>THIS YEAR</u> ? <input type="checkbox"/>	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> None this year	Select a Religious Education Program:	<input type="checkbox"/> Atrium <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home Study	Grade: _____ School: _____ First Choice Day/Time: _____ Second Choice Day/Time: _____
<b>Child's Full Name</b>	Is this child seeking any sacraments <u>THIS YEAR</u> ? <input type="checkbox"/>	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> None this year	Select a Religious Education Program:	<input type="checkbox"/> Atrium <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Home Study	Grade: _____ School: _____ First Choice Day/Time: _____ Second Choice Day/Time: _____

**Tuition** [Calculate cost using options below]

_____ Tuition for first child enrolled - <b>\$180.00</b> _____ Tuition for each additional child - <b>\$80.00 (x _____)</b> _____ Sacramental Fee (Communion + Confirmation year only) - <b>\$75.00</b> _____ Bible Fee - <b>\$6.00</b> for grade 2 only or <b>\$25.00</b> for grade 6 only	Total Due \$ _____ Check # _____ Date: _____  <u>Make check payable to Saint Paul Catholic Church</u> 9240 Damascus Rd., Damascus, MD 20872	Office Use Only
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PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM

**Registration Information Continued...**

<p>Did your child(ren) attend religion classes last year?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, at St Paul Parish</p> <p><input type="checkbox"/> Yes, at _____ Parish located in _____ (city/state)</p>	<p>With whom do your children live?</p>	<p>Child(ren) Address of Residence:</p> <p>Street _____</p> <p>City _____ State ____ Zip _____</p>
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**Special Needs – Please share with us any allergies, medical conditions, learning challenges, developmental issues, etc.**

Name of Child	Pertinent Information <i>[please attach additional pages to provide more information if space is not adequate]</i>

→ I, \_\_\_\_\_ grant permission for my child/ren, \_\_\_\_\_ to participate in Saint Paul parish Religious Education (RE) programs. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Paul Catholic Church. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s). I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Paul Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with RE, from any claim arising from or in connection with my child/children/teen(s) attending RE or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representatives associated with RE for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers provided please contact the alternative emergency contact provided.

I understand that photos taken during program activities may appear in parish publications. St. Paul parish strives to never use photos outside of communications related to parish activities. Contact the parish office if you have any questions.

I understand that parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the parish with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent(s) or guardian(s) with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form. If there are any persons not permitted to pick up your child, please attach a written note explaining the situation.

→ **Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Volunteer Sign Up**

St Paul parish children/youth faith education programs are primarily staffed by volunteers. As an expectation of participation, all parents should plan to support their child's program by;

- a) giving volunteer hours **and**
- b) being an engaged, active, worshipping member of the parish.

**Tell us how you wish to volunteer this year:**

*I am available to lend a helping hand...*

- Weekly or every class
- Once or twice a month
- Once every few months
- For occasional projects/events

*...for the following program(s):*

- Atrium                       Middle School
- Elementary                       Home Study

Comments: \_\_\_\_\_