

# † CHURCH OF OUR SAVIOUR CATHOLIC COMMUNITY †

## 2017-2018 Religious Education Registration

*Religious Education Office phone: (321) 783-4554; email: mborer@oursavioursparish.org*

**Please Print. Complete all information - both front and back.**

\$ 90 FEE for CONFIRMATION  
PreK through 8<sup>th</sup> GRADE FEES: \$ 45 – one child \$ 80 – 2 children \$ 100 – per family of 3 or more

Date: \_\_\_\_\_ Family Last Name : \_\_\_\_\_

(Circle one) **NEW STUDENT / RETURNING** Registered with Our Saviour's Catholic Church: **Yes / No**

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

#### FATHER

#### MOTHER

First Name: _____	Last Name: _____	First Name: _____	Last Name: _____	Maiden Name: _____
DOB: _____		DOB: _____		
Marital Status: _____ Married Separated Divorced Divorced-Remarried Single Widowed		Marital Status: _____ Married Separated Divorced Divorced-Remarried Single Widowed		
Religion: _____		Religion: _____		
Phone: _____		Phone: _____		
e-mail: _____		e-mail: _____		

Indicate if **THIS YEAR** will be the first year of Religious Formation for the child/children

Child's Name <small>* if different last name please include</small>	Lives with: Mom / Dad Grandparent / Guardian	RE Grade	School Grade	Name of School Attending	Birthdate	Gender	Parish of Baptism	Parish of First Communion

*\*If child was baptized outside of Our Saviour's Parish, please provide a copy of the Baptismal certificate.*

**LOCAL EMERGENCY CONTACT:** *In the event parents or legal guardians cannot be reached*

Emergency Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person(s) Authorized to pick up student \_\_\_\_\_

To ensure the best learning environment, Our Saviour's Religious Education office needs to be aware of the following medical information/special learning needs of your child.

### **SPECIAL MEDICAL / LEARNING NEEDS**

Does your child take any medication? Yes / No

If Yes, what type of medication and why? \_\_\_\_\_

Does your child have a health condition / disability which we should be aware of? Yes / No

If Yes, please explain. \_\_\_\_\_

Does your child have any special learning needs / learning disability? Yes / No

If Yes, please explain. \_\_\_\_\_

Does your child have an individual learning plan (IEP) in school? Yes / No

If Yes, please explain. \_\_\_\_\_

### **MINISTRY / VOLUNTEER INTERESTS**

Volunteers are necessary for a successful program. All families are encouraged to participate in some capacity. Whether it is a one-time event or a longer commitment – all of the assistance you offer will help to improve the program and help to show your child by example, the importance of stewardship. Sharing our Faith is participating in the mission of Jesus and is the work of the whole Catholic Community.

**Volunteers:** Catechist (Religious Education Teacher), Catechist Assistant, Front Office Help, Hall Monitor

**Events:** First Reconciliation Reception, First Holy Communion Reception, Confirmation Reception, Easter Egg Hunt, Children's Liturgy (10:15am Sunday Mass), OS Fair, Service Projects, Middle School Youth Gatherings, Special Events, Donation Assistance

How can you volunteer?

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

→ All adults who work with children are required to complete an online safe environment training session (30 minutes) and be fingerprinted with a background check. For more information please contact Marita Borer, Director of Religious Education; [mborer@oursavioursparish.org](mailto:mborer@oursavioursparish.org) or 321-783-4554

### **PHOTOGRAPHY AND IMAGE CONSENT**

I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin boards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date