

ST LAURENCE RELIGIOUS EDUCATION REGISTRATION CHECK LIST

Deadline for all RE forms is August 1, 2018 – all forms received after this date will automatically be placed on a waitlist and placement might not be until after the start of the program. You will be notified when placement has been made.

RE Registration Packet contains the following parts:

- Religious Education Registration Agreement **(must complete)**
- Religious Education Family Registration **(must complete)**
- Sacrament Preparation Agreement & Registration **(if eligible)**
- Religious Education Liability Waiver **(must complete)**
- Volunteer Opportunity **(optional)**

PLEASE NOTE – Please turn in completed form(s) to the Ave Maria Center with payment.

Please do not let financial hardship delay registration. Payment options are available.

For any questions regarding RE registration, please contact:

Ruba Kaiser
Registrar – St Laurence Religious Education
(281) 265-5774
rkaiser@stlaurence.org

SPECIAL NEEDS? YES/NO

FAMILY RE REGISTRATION FORM 2018-19

REGISTERED PARISHIONER?

(PLEASE CIRCLE)

REGISTRATION DEADLINE IS **AUGUST 1**

YES/NO (PLEASE CIRCLE)

All forms received after deadline will automatically be placed on a waitlist and placement might not be until after the start of the program. Class placement is not guaranteed and is dependent upon number of volunteer catechists stepping forward to teach.

FAMILY INFO

Family's Last Name _____ Home Phone # _____ Registered Parishioner? Yes No

Home Address: _____
Street City Zip Code

Father's Name: _____ Religion _____ Cell# _____ Work# _____

Mother's Name: _____ Religion _____ Cell# _____ Work# _____

***Please note: E-mail is the main method of communication. Please print clearly.**

Father's E-Mail Address _____ Mother's E-Mail Address _____

Are there any circumstances we should be aware of? (e.g., guardianship, divorce, living with relatives) _____

If not English, what is the primary language spoken at home? _____

NON-PARENT EMERGENCY CONTACT (will be contacted when a parent cannot be reached during an emergency at class):

Name: _____ Cell # _____ Work # _____

TUITION

Registration Tuition Schedule	Tuition 1 st Child	Tuition Additional Children	Tuition Totals
Parishioner - PreK-LifeTeen Tuition <i>(not applicable for Catechist/Core or Home Study-see their reduced tuition rate below)</i>	\$80	\$40	<i>(max of \$160)</i>
Non-Parishioner PreK-LifeTeen Tuition	\$100	\$50	<i>(max of \$200)</i>
Weekly RE Volunteer/St. Laurence Staff Tuition <i>Please see RE Volunteer form for more information on how to get involved.</i>	\$20	\$20	
Sacrament Fee Preparation Fee (First Reconciliation/Communion and Confirmation - additional fee to above tuition)	\$40	\$40	
Home Study Tuition	\$30	\$30	
Total Tuition Due (Make checks payable to St. Laurence)			

***TUITION IS DUE WITH REGISTRATION. BRING OR MAIL TO AVE MARIA CENTER.**

For financial assistance please contact Ruba Kaiser, RE Registrar, at 281-265-5774 or rkaiser@stlaurence.org

RE Staff: 281-265-5774 RE FAX: 281-565-0894 ADDRESS: 3103 Sweetwater Blvd. Sugar Land, TX 77479

Office Use Only: Date Received: _____ Time Received _____ Amount Paid _____ Check No.: _____ CC _____

Child's Name _____ Gender: M F Date Of Birth _____

Grade (2018-2019): _____ School Attending _____ T-shirt Size _____ (only for Youth Ministry)

Previous Religious Education: Y N Years ____ Type: CCE Catholic School Family Faith Other _____

Sacraments Received: Baptism Reconciliation* Communion* Confirmation*

(*Those needing preparation for First Reconciliation & First Communion or Confirmation, must fill out an additional form.)

Special Needs? (Medical, Learning/Physical Disabilities) _____ (confidential)

Friend Placement Request (Youth Ministry only) _____

PLEASE CHECK OFF THE GRADE AND SESSION (If multiple options, please mark 1st and 2nd choices)

PRESCHOOL	KINDERGARTEN	ELEMENTARY	EDGE	LIFE TEEN	HOME STUDY
3 & 4 Year Old Sunday	Kinder Sunday OR Wed	1 st - 5 th grades Tues. or Wed	6 th -8 th grades Wednesday	9 th -12 th grades Sunday	All Grades
___ Sun 9:00am ___ Sun 11:00am	___ Sun 9:00am ___ Sun 11:00am ___ Wed 5:15-6:30pm	___ Tues 4:30-5:45pm ___ Tues 6:30-7:45pm ___ Wed 5:15-6:30pm	___ 7:00-8:15 pm	___ Life Night 5 pm ___ Mass -8:15pm	___

Child's Name _____ Gender: M F Date Of Birth _____

Grade (2018-2019): _____ School Attending _____ T-shirt Size _____ (only for Youth Ministry)

Previous Religious Education: Y N Years ____ Type: CCE Catholic School Family Faith Other _____

Sacraments Received: Baptism Reconciliation* Communion* Confirmation*

(*Those needing preparation for First Reconciliation & First Communion or Confirmation, must fill out an additional form.)

Special Needs? (Medical, Learning/Physical Disabilities) _____ (confidential)

Friend Placement Request (Youth Ministry only) _____

PLEASE CHECK OFF THE GRADE AND SESSION (If multiple options, please mark 1st and 2nd choices)

PRESCHOOL	KINDERGARTEN	ELEMENTARY	EDGE	LIFE TEEN	HOME STUDY
3 & 4 Year Old Sunday	Kinder Sunday OR Wed	1 st - 5 th grades Tues. or Wed	6 th -8 th grades Wednesday	9 th -12 th grades Sunday	All Grades
___ Sun 9:00am ___ Sun 11:00am	___ Sun 9:00am ___ Sun 11:00am ___ Wed 5:15-6:30pm	___ Tues 4:30-5:45pm ___ Tues 6:30-7:45pm ___ Wed 5:15-6:30pm	___ 7:00-8:15 pm	___ Life Night 5 pm ___ Mass -8:15pm	___

Child's Name _____ Gender: M F Date Of Birth _____

Grade (2018-2019): _____ School Attending _____ T-shirt Size _____ (only for Youth Ministry)

Previous Religious Education: Y N Years ____ Type: CCE Catholic School Family Faith Other _____

Sacraments Received: Baptism Reconciliation* Communion* Confirmation*

(*Those needing preparation for First Reconciliation & First Communion or Confirmation, must fill out an additional form.)

Special Needs? (Medical, Learning/Physical Disabilities) _____ (confidential)

Friend Placement Request (Youth Ministry only) _____

PLEASE CHECK OFF THE GRADE AND SESSION (If multiple options, please mark 1st and 2nd choices)

PRESCHOOL	KINDERGARTEN	ELEMENTARY	EDGE	LIFE TEEN	HOME STUDY
3 & 4 Year Old Sunday	Kinder Sunday OR Wed	1 st - 5 th grades Tues. or Wed	6 th -8 th grades Wednesday	9 th -12 th grades Sunday	All Grades
___ Sun 9:00am ___ Sun 11:00am	___ Sun 9:00am ___ Sun 11:00am ___ Wed 5:15-6:30pm	___ Tues 4:30-5:45pm ___ Tues 6:30-7:45pm ___ Wed 5:15-6:30pm	___ 7:00-8:15 pm	___ Life Night 5 pm ___ Mass -8:15pm	___

**St. Laurence Religious Education
Registration Agreement 2018-19**

Parent's Name Mom _____ Dad _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Please Read the Following Information, Initial Each Line, and Sign Below

This form must be turned in with the RE registration forms to ensure that you have reviewed over the necessary information.

REGISTRATION & PLACEMENT

_____ Enrollment is on a first come first serve basis.

_____ Registration deadline is **August 1**– all forms received after this date will automatically be placed on a waitlist and placement might not be until after the start of the program. You will be notified when placement has been made.

_____ CCE class placement is dependent upon the number of catechists who step forward to teach. Without enough catechists, there might not be a teacher to form a class and the child might be moved to another session or the home study program.

_____ CCE class placement is limited and is not automatically guaranteed.

_____ Families not registered in the parish will pay a higher fee as the parish subsidizes the fees. Parishioners will receive priority in placement over non-parishioners.

_____ The St. Laurence Religious Education Handbook is located online at www.stlaurence.org under the Religious Education tab on the left hand column under forms and is updated annually.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE INFORMATION AND THE STATED POLICIES IN THE RELIGIOUS EDUCATION HANDBOOK.

Parent Signature _____ Date _____

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**Religious Education 2018-2019**

Participant's Name(s) _____ Date of Birth _____
 Home Address _____ City/Zip Code _____
 Parent(s)/Guardian(s) _____ Home Phone (____) _____
 Alternate Phone Number: (____) _____ Cell Phone or Work
 Parish: St. Laurence Catholic Church Incoming Grade(s): _____ Age(s) _____ Sex _____
 Participant's Email Address _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
 (If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child(ren),
 (participant's name(s)), _____ to participate in **CCE Events to be held**
(date) 4/1/2018 to 4/1/2019 at St. Laurence Catholic Church

In consideration of my child's participation in this event, I agree on behalf of myself, my child(ren's) other parent if known or living (name of other parent), _____, my child(ren) name(s) herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth ministry leader, CCE leader, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

***PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM AND LEAVE NO
 BLANKS!!!***

If an item is not applicable, write "N/A"

MEDICAL CONSENT FORM

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

CHILD #1

Medical Conditions Information: (Personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, medications, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care Yes No
- Has a medically prescribed diet? _____
- The following physical limitations: _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical and/or psychological conditions of my child (e.g. depression, A.D.D., etc):

CHILD #2

Medical Conditions Information: (Personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, medications, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care Yes No
- Has a medically prescribed diet? _____
- The following physical limitations: _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical and/or psychological conditions of my child (e.g. depression, A.D.D., etc):

Insurance Information: **No, my child does not have medical insurance at this time.**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Phone: (____) _____

Mother's Name: _____ Phone: (____) _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian must sign for anyone under 18 years of age) _____ Date _____

***PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS!!!
If an item is not applicable, write "N/A"***