

<b>OFFICE USE ONLY</b>
Date Received _____

**PLEASE PRINT**

Birth Father's Full Name \_\_\_\_\_

Birth Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Primary Mailing Address: _____ _____ _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	<p style="text-align: center;"><b>Volunteers are the heart of this program, it is fun and easy, consider volunteering today!</b></p> Primary Contact Name: _____ Relationship to Students: _____ Would you like to teach? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to be a co-teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to be a substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Contact Information** - Be sure to include e-mail addresses for regular updates and communications.

Preferred Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Text?  Yes  No

Secondary Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Text?  Yes  No

Emergency Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Text?  Yes  No

Preferred E-Mail: \_\_\_\_\_

**A lot of information is sent via e-mail, please include at least one e-mail address.**

**Additional Family Information** - i.e. step-parent information, deceased parent, custody issues/restraining orders, etc.

\_\_\_\_\_

\_\_\_\_\_

<b>CHILD 1</b>			
Name	_____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>	Date of Birth	_____
M or F	School _____ <small style="text-align: center;">in Fall</small>	Grade _____ <small style="text-align: center;">in Fall</small>	<b>Religious Education Grade</b> _____ <small style="text-align: center;">in Fall</small>
Special medical needs (allergies, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____			
Special educational needs (ADD, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____			
<b>CHILD 2</b>			
Name	_____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>	Date of Birth	_____
M or F	School _____ <small style="text-align: center;">in Fall</small>	Grade _____ <small style="text-align: center;">in Fall</small>	<b>Religious Education Grade</b> _____ <small style="text-align: center;">in Fall</small>
Special medical needs (allergies, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____			
Special educational needs (ADD, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____			

For additional children, you can copy this form.

**To complete the registration, please TURN OVER → → →**

**CHILD 3**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

M or F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Religious Education Grade \_\_\_\_\_  
in Fall in Fall in Fall

Special medical needs (allergies, etc.) \_\_\_ NONE \_\_\_ YES: \_\_\_\_\_

Special educational needs (ADD, etc.) \_\_\_ NONE \_\_\_ YES: \_\_\_\_\_

**Scholarship or Financial Aid**

If you would like to make a donation to the scholarship fund you can add any amount to your family's total.

**REGISTRATION FEES**

The cost per child is \$75 (K-8 only - \$200 Max) \$75 x \_\_\_\_\_ = \_\_\_\_\_

1st Communion Fee - one time (Grade 2 students only) +\$30 = \_\_\_\_\_

Confirmation Fee (Grades 9 & 10 students only) \$90 x \_\_\_\_\_ = \_\_\_\_\_

Scholarship Donation (Helping families in need) + = \_\_\_\_\_

Total Payment = \_\_\_\_\_

Please make checks payable to: **Corpus Christi - St. Bernard Parish**

Mail or return completed registration with total amount due to:

**Corpus Christi - St. Bernard Parish  
Religious Education  
1523 Washington Street  
West Newton, MA 02465  
617-244-0608**

**Thank You!**

**Please note: On-time registration and full payment of fees guarantee your child/children a place in Religious Education classes. Placement in a particular class or with a particular Catechist cannot be guaranteed. Registration fees are not refundable. To guarantee class placement, envelopes must be postmarked OR hand-delivered by September 23rd.**

**As a parent/guardian of a child/children in the Religious Education Program you are expected to commit to the following:**

1. I understand that the Sunday Liturgy is the central form of Prayer and Worship for Roman Catholics; I will make a sincere effort to take my child to Mass every week.
2. I will call my child's Catechist prior to a class absence.
3. I will make sure that my child makes up any missed class assignments.
4. I understand that proper conduct and respect is expected of each student in class. I may be asked to be present with my child during class, if discipline is a problem.

If you do **not** want your child/children to be photographed or videotaped during Religious Education and Youth Ministry activities, check here: \_\_\_ Do **not** photograph or videotape.

**TO WHOM IT MAY CONCERN:** In the event that the undersigned parent or guardian cannot be contacted, permission is given to provide medical attention, if deemed necessary. In consideration of Corpus Christi - St. Bernard Parish allowing my child to participate in the Program, and for myself and my child, I agree to assume all risks that may be associated with my child's participation in the Program. I further assume all responsibility for picking up and returning my child home after each activity that my child has participated in relating to the Program. For myself and my child, I hereby release, discharge and agree to hold harmless Corpus Christi - St. Bernard Parish, its priests, directors, employees, volunteers and agents (collectively the "Parish") from any and all responsibility, liability, claims or demands for any loss, personal injury, illness, or in the rare event death, as well as any property damage and expenses, of any nature whatsoever which may arise from my child's participation in the Program. I further waive any claim or cause of action against the Parish that may arise on account of any such loss, personal injury, illness or death.

**I have read, understand and agree to the above consent and release of liability. I further state that I am the parent or legal guardian/custodian of the above mentioned student and have the authority to execute this release.**

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**OFFICE USE ONLY**

Amount Received \$ \_\_\_\_\_ Total Students \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Scholarship Donation \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Teacher Discount \_\_\_ Yes \_\_\_ No Payment Plan \_\_\_ Yes \_\_\_ No Initials \_\_\_\_\_