

OFFICE USE ONLY
Date Received _____

PLEASE PRINT

Birth Father's Full Name _____
 Birth Mother's Full Name _____ **Maiden Name (For Sac. Records)** _____

Primary Mailing Address: _____ _____ _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	<p style="text-align: center;">Volunteers are the heart of this program, it is fun and easy, consider volunteering today!</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-Mails: _____

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.

CHILD 1			
Name	_____ <small>First Middle Last</small>	Date of Birth	_____
M or F _____	School _____ <small>in Fall</small>	Grade _____ <small>in Fall</small>	Religious Education Grade _____ <small>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: _____			

CHILD 2			
Name	_____ <small>First Middle Last</small>	Date of Birth	_____
M or F _____	School _____ <small>in Fall</small>	Grade _____ <small>in Fall</small>	Religious Education Grade _____ <small>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 (\$225 Max) \$75 x _____ = _____
Scholarship Donation (Helping families in need) + = _____

Mail or return completed registration with total amount due to: Total Payment = _____

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

Please make checks payable to: **CCSB Parish**
If your family needs assistance with Religious Education fees, please indicate what you need below. We can set up payment plans or you can request partial or full scholarships (as available from donations).

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 August 15, 2021.

- 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 or email the Director of Faith Formation 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____