



ST. BENEDICT CATHOLIC CHURCH

2023-2024

OFFICE OF RELIGIOUS EDUCATION

PLEASE PRINT CLEARLY

PLEASE SEE BOTH SIDES OF FORM

REGISTRATION FOR GRADED RELIGIOUS EDUCATION

Family Name _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Mother's Email _____

Father's Name _____ Cell Phone _____

Father's Email _____

Primary Family Address _____

City/Zip Code _____ Subdivision _____

PREFERRED EMAIL _____ PREFERRED PHONE _____

C h i l d	a. <u>Please Enter Your Child(ren)'s Information:</u> Child's Full Name—Public School Grade/School Name—Date of Birth			Is This a Sacrament Year? YES NO Circle One
	b. <u>Please Indicate Your 1st & 2nd class Choice Preferences:</u> GREP School Grade — Day/Time (See back of this form for Scheduled Days, Grades, & Times)			
C h i l d 1	1a. _____ Child's Full Name Public School Grade/School Name Date of Birth			YES NO Circle One
	1b. 1st class choice _____ / _____ 2nd class choice _____ / _____ GREP Grade / Day & Time GREP Grade / Day & Time			
C h i l d 2	2a. _____ Child's Full Name Public School Grade/School Name Date of Birth			YES NO Circle One
	2b. 1st class choice _____ / _____ 2nd class choice _____ / _____ GREP Grade / Day & Time GREP Grade / Day & Time			
C h i l d 3	3a. _____ Child's Full Name Public School Grade/School Name Date of Birth			YES NO Circle One
	3b. 1st class choice _____ / _____ 2nd class choice _____ / _____ GREP Grade / Day & Time GREP Grade / Day & Time			
C h i l d 4	4a. _____ Child's Full Name Public School Grade/School Name Date of Birth			YES NO Circle One
	4b. 1st class choice _____ / _____ 2nd class choice _____ / _____ GREP Grade / Day & Time GREP Grade / Day & Time			

PLEASE SUBMIT YOUR CHILD'S BIRTH CERTIFICATE AND BAPTISM CERTIFICATE AT THE TIME OF REGISTRATION

- Special Conditions (learning disabilities, allergies, etc.) _____
- I give permission for my child(ren)'s photos to be used in Parish publications and on the website. (circle one: YES NO)
Parent Signature _____
- I give permission for my child(ren)'s name(s) to be published on a class list. (circle one: YES NO)
Parent Signature _____
- _____ has permission to pick my child up from Religious Education if I am not available.
Name of Person Given Permission _____
Parent Signature _____

-Class Schedule & Fees-
-Class Choice Information-
-A Volunteer Form-
-Address to Return the Form(s)-

CLASS SCHEDULE:

Monday	Grades 1-5	4:00-5:15pm
*Monday	Grades 1-5	5:30-6:45pm
Monday	Grades 6-7-8	7:00-8:15pm
Tuesday	Grades 1-5	4:00-5:15pm
Tuesday	Grades 6-7-8	5:30-6:45 pm

*If there are not enough students for a specific class time, your child will be placed in the 2nd choice class time.

FEES — All participating families **MUST be registered in the Parish!**

One child	\$75.00 total
Two children	\$150.00 total
Three (+) children	\$100.00 per family + \$25 PER CHILD BOOK FEE

Sacrament Preparation Fee: \$35.00 ADDITIONAL for children preparing to celebrate the sacrament of First Reconciliation and First Holy Communion this year.

Class Choice Information

Registration Forms received by **June 15, 2023** receive a \$10 per child discount. The fee schedule returns as posted following **June 15, 2023**.

If classes are filled, children will be placed in the 2nd choice class. Unless otherwise indicated the entire family will move to the 2nd choice day.

*If there are not enough students for a specific class time, your child will be placed in the 2nd choice class time.

PARENT VOLUNTEERS : WE NEED YOUR HELP !

NAME _____

EMAIL _____

Please select (v) any of the volunteer positions shown below:

CATECHIST _____ **CATECHIST AIDE** _____

SPECIAL EVENTS _____ **HALL MONITORS** _____ **LIBRARY CART** _____

ALL VOLUNTEERS MUST SUBMIT TO A BACKGROUND SCREENING AND COMPLETE THE SAFE HAVEN CERTIFICATION AS REQUIRED BY THE DIOCESE. PLEASE CONTACT LOUISE HENESY.

THANK YOU!

Please return this 2 sided form along with your registration fees to:

Attn : Louise Henesy
Saint Benedict Catholic Church
Office of Religious Education
950 Darrell Creek Trail
Mount Pleasant, SC 29466