

Saint Mary, Our Lady Help of Christians Parish

RELIGIOUS EDUCATION REGISTRATION 2020-21

Kindergarten through Sixth Grade

E-mail: stmarysdorrance@gmail.com

Facebook: Saint Mary's of Dorrance

570-868-5855

Please Print

***Cost: \$20 per Student.
Please put your registration
forms and payment in the
envelope provided.**

**Please call the parish office
with registration questions.**

STUDENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE & PLACE OF BIRTH (month/day/year): _____

City, State: _____

DATE & CHURCH OF BAPTISM (month/day/year): _____

Church: _____

City, State: _____

(New students: please attach a copy of Baptismal Certificate, if not baptized here.)

SCHOOL ATTENDING: _____

SCHOOL DISTRICT: _____

GRADE (in School): _____ (2020-21)

GRADE (In Religious Ed): _____ (2020-21)

FATHER'S NAME: _____ Address: _____

MOTHER'S *FULL MAIDEN*

NAME: _____ Address: _____

HOME PHONE # _____

Mother MOBILE # _____ E-mail: _____

Father MOBILE # _____ E-mail: _____

___ Yes, I am a registered, active member of Saint Mary, Our Lady Help of Christians Envelope # _____

___ No, I am not a registered member. Please use the information on this sheet for my registration.

PLEASE COMPLETE OTHER SIDE

Responsibility for picking up my child(ren), *if other than a parent/guardian*:

Name: _____ Phone/cell # _____

Parents/guardians are always called first in an Emergency. In the event of an Emergency and a parent/guardian cannot be reached please contact:

1. Name: _____ Relationship: _____ Home/Mobile: _____

2. Name: _____ Relationship: _____ Home/Mobile: _____

Please include any pertinent medical, academic, or social concerns below. Please be sure to include food and/or environmental allergies. All information is kept confidential.

Academic:

Medical:

Other:

NOTE: Help is always appreciated. You can volunteer to be a Religious Education teacher, teacher assistant, or a substitute. Parents, siblings, and grandparents welcome!

_____ would like to volunteer to be a _____.
Name Position

Phone: _____ E-mail: _____

For more information please call Stacey Panas 570-332-3801, or the parish office 570-868-5855.

I give permission for my son/daughter to attend Religious Education Classes at Our Lady Help of Christians Church, Dorrance.

Signature: _____ Date: _____

On behalf of myself and my family, I do hereby give Saint Mary, Our Lady Help of Christians, Dorrance, PA, without consideration or compensation, permission to use photographs/videos that may be taken during any church related event or/and activity for promotional, educational, or fundraising purposes, using various media sources.

Signature: _____ Date: _____

To be completed by office.

Payment received by: _____ Cash _____ Check _____ Date: _____