

Saint Mary, Our Lady Help of Christians Parish

SEVENTH GRADE RELIGIOUS EDUCATION REGISTRATION 2023-24

CLASSES HELD AT SAINT JUDE

E-mail: stmarysdorrance@gmail.com

Website: stmarydorrance.org

Facebook: Saint Mary's of Dorrance

570-868-5855

*Cost: \$50

per Student.

Please put cash or check in envelope and staple together with all registration forms.

Please Print

STUDENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

GENDER: ___MALE ___FEMALE CLASS DAY: ___SUNDAY ___MONDAY

9:30-10:40 AM

6:00-7:15 PM

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): _____ (2023-24)

GRADE (In Religious Ed): _____ (2023-24)

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:

Name _____ Phone/cell # _____

In the event of an Emergency and a parent cannot be reached please contact:

1. Name _____ Relationship: _____ Phone/Cell# _____

2. Name _____ Relationship: _____ Phone/Cell# _____

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 the parish office 570-868-5855

I give permission for my son/daughter to attend Religious Education Classes at Saint Jude Parish, Mountain Top, PA.

Signature: _____ Date: _____

On behalf of myself and my family, I do hereby give Saint Mary, Our Lady Help of Christians and Saint Jude Parish, without consideration or compensation, permission to use photographs/video that may be taken during church activities for promotional, educational, or fundraising purposes, using various media sources.

Signature: _____ Date: _____

To be completed by office.

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