

 **St. John the Apostle Parish, Milford, DE**   
**Religious Education Registration 2020-2021**

**Registered Member of St. John Yes \_\_\_ or No \_\_\_**

Fee's:

**First Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Grade** \_\_\_  
*Last name, First Name* *mon/day/year*

**Verification of Baptism:** on file: \_\_\_\_\_ is attached \_\_\_\_\_ will be submitted \_\_\_\_\_ when: \_\_\_\_\_

This child received the Sacrament of: Reconciliation yes \_\_\_ no \_\_\_ Communion yes \_\_\_ no \_\_\_ Confirmation yes \_\_\_ no \_\_\_

**Father:** Surname (Last name) \_\_\_\_\_ First name \_\_\_\_\_

**Mother:** Surname (Last name) \_\_\_\_\_ Maiden name \_\_\_\_\_ First name \_\_\_\_\_  
*(Re-enter Surname if single.)*

**Address:** \_\_\_\_\_  
*Street--and Apartment number, if any* *City/Town* *State* *Zip code*

**Home Phone** \_\_\_\_\_ **Cell Phone (mother or legal guardian)** \_\_\_\_\_ **Cell Phone (father)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ of mother \_\_\_ father \_\_\_ legal guardian \_\_\_  
*(Email is important for contact. Please print clearly. Please check one relationship above.)*

**Second Child's Name** \_\_\_\_\_ **Preferred first name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_  
*(Enter complete legal name: First, Middle, Last.)* *mon/day/year*

**Verification of Baptism:** on file \_\_\_ is attached \_\_\_\_\_ will be submitted \_\_\_\_\_

This child received the Sacrament of: Reconciliation yes \_\_\_ no \_\_\_ Communion yes \_\_\_ no \_\_\_ Confirmation yes \_\_\_ no \_\_\_

**Third Child's Name** \_\_\_\_\_ **Preferred first name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Grade** \_\_\_\_\_  
*(Enter complete legal name: First, Middle, Last.)* *mon/day/year*

**Verification of Baptism:** on file \_\_\_ is attached \_\_\_\_\_ will be submitted \_\_\_\_\_

This child received the Sacrament of: Reconciliation yes \_\_\_ no \_\_\_ Communion yes \_\_\_ no \_\_\_ Confirmation yes \_\_\_ no \_\_\_

**Fourth Child's Name** \_\_\_\_\_ Preferred first name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
(Enter complete legal name: First, Middle, Last.) mon/day/year

Verification of Baptism: on file \_\_\_\_ is attached \_\_\_\_ will be submitted \_\_\_\_

This child received the Sacrament of: Reconciliation yes\_\_ no\_\_ Communion yes\_\_ no\_\_ Confirmation yes\_\_ no\_\_

**Fifth Child's Name** \_\_\_\_\_ Preferred first name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
(Enter complete legal name: First, Middle, Last.) mon/day/year

Verification of Baptism: on file \_\_\_\_ is attached \_\_\_\_ will be submitted \_\_\_\_

This child received the Sacrament of: Reconciliation yes\_\_ no\_\_ Communion yes\_\_ no\_\_ Confirmation yes\_\_ no\_\_

**Attendance** records are part of the child's permanent Diocesan record. Diocesan policy 5112.1 states: "Any child or youth should participate in at least thirty (30) hours of formal religious education each year." **An average attendance of 75% or greater is required.** Initials of parent or guardian: \_\_\_\_\_

**Materials Fee:**

All Grades: 1 child, \$70; 2 children, \$80; 3 children, \$90; 4 or more children, \$100

Sacrament fee: \$30.00 per sacrament

**Special Needs** (It is very important that we make catechists aware of each child's needs. Information about special needs is strictly confidential. It is given only to the child's catechist and, possibly, the pastor.)

My child does \_\_\_\_ does not \_\_\_\_ have a special physical, emotional, or educational need.

*If your child does have one or more special need, please attach a page that contains your child's name and a description of your child's need(s).*

**Photos** I give permission for my child(ren)'s photos to be used in Newsletters, Parish Bulletin, Parish Website, etc. Yes \_\_\_\_ No \_\_\_\_

**Print Name of Parent or Legal Guardian**

**Signature Name of Parent or Legal Guardian**

\_\_\_\_\_  
DATE: \_\_\_\_\_

Family's last name \_\_\_\_\_

**Dropping Off and Picking Up Children**

Children in grades Pre-K to 4 must be dropped off in their classrooms no more than five minutes before the beginning of a RE session and not more than 20 minutes after their RE session begins. They must be picked up promptly at the end of the RE session, by a person designated by the parent/guardian.

Only the following person/people **have permission to pick up** my child(ren). *(List yourself first. Attach additional pages if necessary.)*

Name: \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

The following person/people **do not have permission to pick up** my child(ren). *(Attach additional pages if necessary.)*

Name: \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

**Walkers**

Any child in grades 5 to 10 may walk home (or walk outside to meet you) after his/her RE sessions, but only if the RE Office has your written permission that he/she may do so. Once you give that permission and, consequently, a child leaves the building in which RE sessions are held, the RE Program is no longer responsible for that child's safety. All children for whom the RE office has no Walker Permit must be picked up in their classrooms after each RE session. You may authorize your child's walking out of the building where RE sessions are held, by himself/herself, by filling out the lines below.

The following child(ren) of mine have my permission to walk alone, out of the building where RE sessions are held, after those sessions end, and to leave any RE activity alone at its end.

Child/children *(Please list the name of each child on a separate line.):*

\_\_\_\_\_  
\_\_\_\_\_