

# St. Alice Religious Education Registration for 2018-19

Grades: Kindergarten - 5th

FAMILY LAST NAME \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Family's EMAIL ADDRESS: \_\_\_\_\_

Is Your Family Registered Members of St. Alice    Yes\_\_\_ No\_\_\_ Not Sure\_\_\_

Emergency Contact (other than parents) Name and phone # \_\_\_\_\_

WAS YOUR CHILD OR CHILDREN ENROLLED IN OUR REL. ED. PROGRAM LAST YEAR? YES\_\_\_ NO\_\_\_

*Please indicate below the Sacraments each child has received*

Child's full name	Sex M/F	Age	Grade Fall of 2018	Baptism	First Communion Confession	Confirmation	No Sacraments received

Do children live with Parents\_\_\_\_, the Mother\_\_\_\_, the Father\_\_\_\_, or Other\_\_\_\_\_

## To Our Parents,

***Parents are the primary religious educators of their children.*** The home is the domestic Church and the place where a child first experiences the Catholic faith. You teach primarily by the example you set. It is extremely crucial for children to experience the love of God in their homes. The St. Alice Religious Education Program can only work in partnership with parents to assist them in living their vocations as the primary educators of their children. Our program merely complements, *not replaces*, the religious formation children should receive in the home.

So the parish Religious Education Program assists parents in their God-given role as educators of the Faith by 1) providing weekly religion classes for children in a classroom setting; 2) spending time with them in the presence of Our Lord in the church and 3) providing weekly homework that students and parents should work on together 4) providing weekly religious classes for parents in support of being the Domestic Church.

If we can help your child with any additional instructions, please don't hesitate to ask.

## Parent Agreement

I the parent of (or adult responsible for) a student in Religious Education at St. Alice am aware and will support that:

- My student is to attend Mass each Sunday and Holy Days of Obligation unless there is a serious obstacle.
- That attendance of class is not a substitute for attending mass.
- My student will have homework, both from their text book and learning their basic prayers.
- My student is not to miss more than 3 classes during the year, and 3 tardies = 1 absent. If a fourth absent did or will occur, I will discuss with the DRE whatever may be relevant to additional absents.
- Adult religious education is important to me and will attend the parent classes.
- I made a promises at my child/ren Baptism to raise them in the Catholic Faith.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

IS THERE ANY SPECIAL NEED FOR A CHILD OR CHILDREN / *HAY UNA NECESIDAD ESPECIAL DE UN/A NIÑO/A*  
 NAME NECESSITY / *NOMBRE NECESIDAD* \_\_\_\_\_

**VOLUNTEERS ARE NEEDED FOR THE RELIGIOUS EDUCATION DEPARTMENT**  
**SE NECESITAN VOLUNTARIOS EN EL DEPARTAMENTO DE EDUCACIÓN RELIGIOSA**

Please indicate if you will consider working with us in one of the following ways/  
*Por favor indique si consideraría el trabajar con nosotros en alguna de las siguientes formas:*

- \_\_\_\_\_ Teacher, helper in classroom/ *Maestro/a, ayudante en el salón de clase*
- \_\_\_\_\_ Substitute teacher/ *Maestro/a sustituto*
- \_\_\_\_\_ Room Mother/ *Madre del Salón*

Volunteer Name/ *Nombre de Voluntario* \_\_\_\_\_ Tel# \_\_\_\_\_

Volunteer Name/ *Nombre de Voluntario* \_\_\_\_\_ Tel# \_\_\_\_\_

**REGISTRATION FEE AFTER OCTOBER 1, 2018**  
**CUOTA DE INSCRIPCIÓN DESPUÉS DE 1 DE OCTUBRE, 2018 \$5.00 MORE PER/MAS**

**REGISTRATION FEES/COSTOS DE INSCRIPCIÓN**

- If you are a registered member of St. Alice Church and are supporting the church in a verifiable way through eGiving or envelopes and at a level of at least 5% of family yearly income, your religious education fee will be \$55 per child.
- If you are not a registered member of St. Alice Church or are not supporting the church through eGiving or envelopes, the religious education fee will be \$120 per child.
- Si usted es un miembro registrado de la iglesia de Sta. Alicia y está apoyando a la iglesia de una manera verificable por eGiving o por sobres y en un nivel de al menos 5% del ingreso anual de familia, su costo será \$55 por cada niño.
- Si no es un miembro registrado de la iglesia de Sta. Alicia o no está apoyando a la iglesia a través de eGiving o por sobres, el costo de educación religiosa será de \$ 120 por niño.

Bible/Biblia	\$ _____ .00 x	# of children	Total
Eng. _____		# de niños _____	_____
Sp. _____			

Prayer & Practices book	\$5.00 x	# of books	Total
Libro de Oraciones y	each book/ por libro	# de libros _____	_____
Prácticas			

<input type="radio"/> CASH	<input type="radio"/> CHECK	Receipt# _____	
<input type="radio"/> CASH	<input type="radio"/> CHECK	Receipt# _____	Date _____
<input type="radio"/> CASH	<input type="radio"/> CHECK	Receipt# _____	Acct total _____
<input type="radio"/> CASH	<input type="radio"/> CHECK	Receipt# _____	Paid _____
<input type="radio"/> CASH	<input type="radio"/> CHECK	Receipt# _____	Balance _____

If you have questions or concerns, or have any problem paying the fees, please contact Director of Religious Education Norma Ouellette at 514-747-7041 ext.206 or [nouvellette@archdpdx.org](mailto:nouvellette@archdpdx.org)



# CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION  School  Church Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CHILD'S INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Person with whom child is living: \_\_\_\_\_

### Person(s) to notify in case of an emergency:

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Last tetanus immunization or booster date: \_\_\_\_\_

Allergies (food, drugs, insects, etc.): \_\_\_\_\_

Is child presently on any medications?  Yes  No If yes, please state below:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Prescribing physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:**

## INSURANCE INFORMATION:

Name of medical insurance company: \_\_\_\_\_

Group or identification number: \_\_\_\_\_

**I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_