

**St. Rose Philippine Duchesne  
Religious Education Registration  
2018 - 19**

**PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION**

Parent/Legal Guardian (*LAST NAME ONLY*) \_\_\_\_\_

**Parents/Guardian**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: (if different) \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Please check one of the following:**  I am a registered Parishioner at St. Rose  I am a new Parishioner & need to register

**Please choose one RE Program:**

**Children: (PS to 4<sup>th</sup> grade):** *Wed.*, 4:30pm – 5:45pm \_\_\_\_\_ *Sun.*, 9:15am – 10:30am \_\_\_\_\_

**EDGE: (Grade 5-6):** *Sun.*, 9:45am – 11:00am \_\_\_\_\_ **(Grades 7-8):** *Sun.*, 2:30pm – 3:45pm \_\_\_\_\_

**LifeTeen (Grades 9-12):** *Sun.*, 5:15pm – 7:00pm \_\_\_\_\_

Student First and Last Name	Grade Fall 2018	Number of Years in RE	Sacraments Already Received (Mark with X)				2018-19 Sacrament Preparation (If Applicable)
			Baptism	Reconciliation	First Eucharist	Confirmation	

**RE Program Fees (Early Registration)**

\$ 70 per child x \_\_\_\_\_ = \_\_\_\_\_  
\$180 3+ children

**RE Program Fees (beginning July 15<sup>th</sup>)**

\$ 85 per child x \_\_\_\_\_ = \_\_\_\_\_  
\$220 3+ children

**Sacrament Retreat Fees:**

\$ 50 per Child x \_\_\_\_\_ = \_\_\_\_\_  
**Total Fees Due** \_\_\_\_\_

\*\* Accepted forms of payment:  
CC/Cash/Check

Payment options available upon request.

**Custodial Information: Who has custody?** Mother \_\_\_ Father \_\_\_ Both \_\_\_

**Where correspondence should be sent?** Mother \_\_\_ Father \_\_\_ Both \_\_\_

**I understand no Faith Formation Program can be successful without volunteers. I am willing to assist the RE Program as a: (Please check your choice(s))**

\_\_\_ Catechist (Teacher) \_\_\_ Classroom Aide \_\_\_ Retreat/Special Event Helper  
\_\_\_ EDGE Core Team (5-8) \_\_\_ LifeTeen Core Team (9-12) \_\_\_ Vacation Bible School

**For Parish Office Use Only:**

Total Fees Due: \$ \_\_\_\_\_ Less Payment: \$ \_\_\_\_\_ = Bal. Due: \$ \_\_\_\_\_

CC \_\_\_\_\_ Cash \_\_\_\_\_ Ck# \_\_\_\_\_ CR# \_\_\_\_\_

A/R \_\_\_\_\_ CI \_\_\_\_\_ SAC \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**(COMPLETE OTHER SIDE)**

## St. Rose Philippine Duchesne Release & Permission

I, \_\_\_\_\_ request that my **child(ren)** \_\_\_\_\_  
(Parent Name)

be allowed to participate in the Catechetical Ministries Program at St. Rose Parish. This program will take place under the guidance and direction of parish employees and/or volunteers from St. Rose Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named child. I agree on behalf of myself, my child(ren) named herein, to hold harmless and defend St. Rose Parish, its officers, directors, employees and agents, and the Diocese of Phoenix, representatives associated with the event, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness or injury (including death) or cost of medical treatment in connection therewith.

I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese

**Photo Release:** \_\_\_\_\_ **Approve (Parent Initials)** or \_\_\_\_\_ **Deny (Parent Initials)**

I authorize that appropriate pictures of my child(ren) may be taken during activities. I hereby grant the use of photos to St. Rose Parish Facebook page, Youth Ministry Facebook page, Instagram, and the bulletin.

**Medical Release:** \_\_\_\_\_ **(Parent Initials)**

In the event of an illness, I request that a designated agent of St. Rose Parish obtain medical treatment on my behalf for my child. I will not hold St. Rose Parish, the Diocese of Phoenix, church employees, or volunteers responsible for any accident or injury.

**Sacramental Policy of the Diocese of Phoenix** \_\_\_\_\_ **(Parent Initials that you have read)**

Sacrament preparation *must coincide* with regular weekly attendance in the parish Religious Education classes or attendance in a Catholic School. Worship within the Parish community is assumed.

**Attendance Policy** \_\_\_\_\_ **(Parent Initials that you have read)**

Weekly Mass attendance is expected. Religious Education Classes require a *70% attendance (3 excused absences)*. All absences need to be communicated to the Coordinator of Religious Education or Youth Minister

In order for your registration to be complete, your family must be registered at St. Rose Parish and the following items must accompany these forms:

**A completed Parish Registration form IF you are not registered,  
A copy of the Baptismal certificate of each child if not previously submitted,  
Associated fees (cash, check, credit card accepted)**

By signing below, I authorize that I have read and understand this form.

\_\_\_\_\_  
Mother/Father/Legal Guardian\*

\_\_\_\_\_  
Date

\* If in a shared custody situation, please provide documentation of custodial agreement.

**St. Rose Philippine Duchesne  
Medical Information Sheet  
2018-19**

**PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION**

Parent/Legal Guardian (*LAST NAME ONLY*) \_\_\_\_\_

**Parents/Guardian**

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

**Emergency Contact: (other than Parents)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Child's First & Last Name	Date of Birth

Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 List all prescription medication this child is taking: \_\_\_\_\_

Child's First & Last Name	Date of Birth

Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 List all prescription medication this child is taking: \_\_\_\_\_

Child's First & Last Name	Date of Birth

Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 List all prescription medication this child is taking: \_\_\_\_\_

Child's First & Last Name	Date of Birth

Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 List all prescription medication this child is taking: \_\_\_\_\_

**Medical Release: \_\_\_\_\_ (Parent Initials)**

In the event of an illness, I request that a designated agent of St. Rose Parish obtain medical treatment on my behalf for my child. I will not hold St. Rose Parish, the Diocese of Phoenix, the teachers, or volunteers responsible for any accident or injury.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_