

PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION

Parents/Guardian

Parent/Legal Guardian (*LAST NAME ONLY*) _____
 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 choose RE Program:

Children: (PS to 4th grade): *Wed.*, 4:30pm – 5:45pm _____ OR *Sun.*, 9:15am – 10:30am _____
 EDGE Transition: (Grade 5-6): *Sun.*, 9:15am – 10:30am _____
 EDGE: (Grades 7-8): *Sun.*, 2:00pm – 3:45pm _____ LifeTeen (Grades 9-12): *Sun.*, 5:45pm – 7:30pm _____

Student First & Last Name	Grade Fall 2019	Number of Years in RE	Sacraments Already Received (Mark with X)				2019-20 Sacrament Preparation (If Applicable)
			Baptism	Reconciliation	Eucharist	Confirmation	

Program Fees – No Sacrament

\$ 85.00 one child _____
 \$160.00 two children _____
 \$230.00 three children _____
 \$ 40.00 each add'l child _____

Program Fees – with Sacrament

\$145.00 one child _____
 \$200.00 two children _____
 \$270.00 three children _____

Total Fees Due

Payment Schedule

Class fees may be paid in full at time of registration
 OR

A minimum of 25% payment of total fees is required at the time of registration. The balance will be divided into monthly payments to meet a Dec. 15th RE fee payment deadline.

Custodial Information:

Who has custody? Mother ___ Father ___ Both ___
 If in a shared custody situation, please provide documentation of custodial agreement. (if not on file)

I am a registered Parishioner of St. Rose? Yes ___ No ___

I understand no Faith Formation Program can be successful without volunteers.

I am willing to assist the RE Program (Please check your choice(s))

Catechist (Teacher) ___ Classroom Aide ___
 EDGE Transition Team (5/6) ___ EDGE Core Team (7/8) ___
 LifeTeen Core Team (9-12) ___ Vacation Bible School ___
 Retreat/Special Event Helper ___

****Catechist, Aides, CORE Team Members who commit to the entire calendar year will receive 15% off TOTAL fee balance****

For Parish Office Use Only:

Total Fees Due \$ _____ Less Payment (25%) \$ _____ = Bal. Due: _____ / ___ (number of months) = _____ Monthly Payment
 CC ___ Cash/Check# _____ CR# _____ Received by: _____ Date: _____

(COMPLETE OTHER SIDE)

Medical Information & Permissions

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Emergency Contact: (other than Parents)

Name: _____ Phone Number: _____ Relation: _____

Child's First Name	Date of Birth	Allergies: List allergies & medications (if used)
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Release & Permission

Please read and initial the following:

I request that my **child(ren)** be allowed to participate in the Faith Formation 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 my child(ren). I agree on behalf of myself and my child(ren), to hold harmless and defend St. Rose Parish, its officers, directors, employees and volunteers, and the Diocese of Phoenix, 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 _____ Deny _____

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.

_____ Sacramental Policy of the Diocese of Phoenix

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

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

_____ Medical Release

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: _____