



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION  
1st, 3rd, 4th, 5th and 6th GRADES - 2010/2011 REGISTRATION**



Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(including nickname, if this is what student is called)

Grade entering in August, 2010: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parents' First and Last Names: \_\_\_\_\_

Home address with City AND ZIP CODE: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Father's Work/Cell Phones \_\_\_\_\_ Mother's Work/Cell Phones: \_\_\_\_\_

Housing Addition: \_\_\_\_\_

**CHECK CLASS PREFERENCE BELOW**

\_\_\_ Tuesdays 4-5:15 p.m. (Kindergarten through 6th meet at this time) (Classes start Sept. 7)

\_\_\_ Sundays during 10:30 a.m. Mass (**First Grade Only**) (Classes start Sept. 12)

\_\_\_ Wednesdays from 5:15-6:30 p.m. (1st through 6th grade meet) (Classes start Sept. 8)

\_\_\_ Sundays from 9:05-10:20 a.m. (2nd-6th grade meet at this time, see above) (Classes start Sept. 12)

**Please Indicate below the ways that you can help with RE for any grade level in the 2010/2011 school year**

\_\_\_ I would like to teach grade \_\_\_\_\_ with this co-teacher: \_\_\_\_\_

\_\_\_ I would like to be an aide for grade(s) \_\_\_\_\_.

\_\_\_ I would like to be a substitute teacher in grade(s) \_\_\_\_\_.

The day I'd like to do this is (any of the above three options): \_\_\_\_\_

\_\_\_ **I would be interested in learning more about my faith as an adult**

**between Masses on Sunday \_\_\_ during a weekday \_\_\_ on a weeknight \_\_\_**

**An area where I could help with teenage Youth is:**

service projects \_\_\_ chaperone in the Youth Room \_\_\_ praise and worship music \_\_\_ teach RE for grade \_\_\_

**MEDICAL PERMISSION SLIP**

**Does your student have any diagnosed learning disabilities, health problems, etc. of which you wish us to be aware?**

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Parent's SS # \_\_\_\_\_

**In case of emergency, if parents can't be reached please call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please seek medical attention for my child in an emergency. I give permission to treat my student. Furthermore, the undersigned gives permission to St. Monica Catholic Church to photograph his or her son or daughter and use the resulting photographs for any purpose that St. Monica deems proper.

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**