

✠ **ST. MONICA CATHOLIC CHURCH — ADVANCED RELIGIOUS EDUCATION** ✠  
**POST-CONFIRMATION (11th and 12th GRADES) REGISTRATION - 2010/2011**

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
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: \_\_\_\_\_  
Student's Cell Phone #: \_\_\_\_\_ Student's Email: \_\_\_\_\_  
Housing Addition: \_\_\_\_\_

**CLASSES MEET WEDNESDAY EVENINGS - 7-8:30 P.M. (Classes Begin Sept. 8)**

**After Confirmation, the Parish needs your continued service.  
Please Indicate below how you would like to minister.**

\_\_\_\_ I want to help with Vacation Bible School  
\_\_\_\_ I want to help with RE Summer Session for grades 4 - 9  
\_\_\_\_ I want to be an aide in an RE class that meets:  
Tuesday 4-5:15 p.m. \_\_\_\_ Wed. 5:15 - 6:30 p.m. \_\_\_\_ Sunday, 8-9 a.m. \_\_\_\_  
Sunday, 9-10:20 a.m. \_\_\_\_ Sunday, 10:30 - 11:30 a.m. \_\_\_\_

**YOU MUST ALSO GO TO MASS IF YOU HELP ON THE WEEKENDS!**

I want to do community service work for: Hope Center \_\_\_\_ Birth Choice \_\_\_\_ Nursing Home \_\_\_\_

**PARENTS!**

\_\_\_\_ We can help with YOUTH AND FAMILY NIGHT helping setup, serve and clean up at a potluck dinner.  
\_\_\_\_ 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**