



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION
7th - 8th GRADE REGISTRATION - 2011/2012**



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

Grade entering in August, 2011: _____ 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: _____

7th-8th GRADE CLASSES WILL BE WEDNESDAY FROM 7-8:30 P.M.

PARENTS!

Please indicate below the ways you can help with RE for any grade level in the 2011/2012 school year

____ I would like to teach grade _____ with a co-teacher (I suggest: _____)

____ I would like to be an aide for grade(s) _____

____ I would like to be a substitute teacher in grade(s) _____

____ The day I would like to do any of the above three options is: _____

____ I can help one Wednesday evening with YOUTH AND FAMILY NIGHT, helping set up, serve and clean up a covered dish dinner (You would help at one of the three events held during the school year).

____ **I would be interested in learning more about my faith as an adult
between Masses on Sunday ____ during a weekday ____ on a weeknight ____**

Area where I could help with teenage Youth is:

service projects ____ tutoring ____ chaperone in the Youth Room ____ praise and worship music ____

WILL YOUR STUDENT PARTICIPATE IN YOUTH GROUP IN 10/11 (Circle One) **YES NO**

Would you, as a parent, be willing to occasionally help with Youth Group? **YES NO**

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 the 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

CLASSES BEGIN SEPT. 7