



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION
PRE-SCHOOL 4 and KINDERGARTEN - 2011/2012 REGISTRATION**



Student's Full Name: _____ Birthdate: _____

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: _____

Housing Addition: _____

CHECK CLASS PREFERENCE BELOW

(Child must be 4 by August 1, 2011)

___ During the **8 a.m.** Mass on Sundays (Pre-school 4 class is only offered during Sunday Mass)
Class starts Sunday, Sept. 11

___ During the **10:30 a.m.** Mass on Sundays (Pre-school 4 class is only offered during Sunday Mass)
Class starts Sunday, Sept. 11

___ Tuesday afternoons from 4-5:15 p.m. for grades Kindergarten through 6th grade. (Classes start Sept. 6)

PARENTS!

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

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

The day(s) and time(s) I'd like to do this are: _____

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

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

___ **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 ___ chaperone in the Youth Room ___ with praise and worship music ___

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