



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION  
PRE-SCHOOL 4 and KINDERGARTEN - 2010/2011 REGISTRATION**



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: \_\_\_\_\_

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

**CHECK CLASS PREFERENCE BELOW**

**(Child must be 4 by August 1, 2010)**

\_\_\_ During the **8 a.m.** Mass on Sundays (Pre-school 4 class is only offered during Sunday Mass)  
Class starts Sunday, Sept. 12

\_\_\_ During the **10:30 a.m.** Mass on Sundays (Pre-school 4 class is only offered during Sunday Mass)  
Class starts Sunday, Sept. 12

\_\_\_ Tuesday afternoons from 4-5:15 p.m. for grades Kindergarten through 6th grade. (Classes start Sept. 7)

**PARENTS!**

**Please indicate below the ways you can help with any grade level for the 2009/2010 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**