



Church of the Assumption

Religious Education Program

2020-2021 Registration Form

For Office Use Only

Date Received: _____
 Registration Fee: _____
 Late Fee: _____
 Parish Support: _____

I. FAMILY INFORMATION *(Please Print)*

Child's Last Name: _____
 Mother's Name (First & Last) _____ Mother's Maiden Name _____
 Father's Name (First & Last) _____ Marital Status _____
 Mother's Religion: _____ Father's Religion: _____
 Mailing Address: (Street) (include Apt. # if applicable) : _____
 (City, State, Zip): _____
 Email Address: _____ Language Spoken at Home: _____
 Home Phone: _____ Cell: (Name): _____
 Emergency Contact: (Name): _____ Phone: _____

II. PROGRAM CHOICES

- Grades 1, 3, 4, 5 & 6 meet on Tuesday afternoons from 3:45pm—5:00pm OR Sunday morning from 9:00am - 10:15am OR Home School (HS)
- Grades 2, 7, 8 and Catch-Up Catechesis meet ONLY on Sunday morning 9:00am—11:30am (including 10:30am Mass)

A. RETURNING STUDENTS: Grades 2-8

List children who were registered in the Program in 2019-2020 ONLY. If you are enrolling an additional sibling for the first time, add their information in Section B.

CHILD'S NAME <small>(First Name Only)</small>	GRADE <small>(In Sept '20)</small>	SCHOOL	CIRCLE APPLICABLE SESSION		
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS

B. NEW STUDENTS: Grades 1-8

*A copy of your child's Baptismal Certificate must be submitted at time of registration.
 Also provide verification of any previous Religious Education and sacraments received at other parishes.*

CHILD'S FIRST NAME: _____ Date of Birth: _____
 Boy or Girl: _____ Grade in Sept. 2020 _____ School Attending: _____
 Date of Baptism: _____ Place of Baptism: _____
 Date of First Eucharist: _____ Place of First Eucharist: _____
 Choice of Session: (Circle) TUESDAY SUNDAY HOME SCHOOL

CHILD'S FIRST NAME: _____ Date of Birth: _____
 Boy or Girl: _____ Grade in Sept. 2020 _____ School Attending: _____
 Date of Baptism: _____ Place of Baptism: _____
 Date of First Eucharist: _____ Place of First Eucharist: _____
 Choice of Session: (Circle) TUESDAY SUNDAY HOME SCHOOL

CHILD'S FIRST NAME: _____ Date of Birth: _____
 Boy or Girl: _____ Grade in Sept. 2020 _____ School Attending: _____
 Date of Baptism: _____ Place of Baptism: _____
 Date of First Eucharist: _____ Place of First Eucharist: _____
 Choice of Session: (Circle) TUESDAY SUNDAY HOME SCHOOL

III. ALLERGIES/MEDICAL CONDITIONS (All information will remain confidential)

- A. Does your child have any allergies? (please specify for each child): No Yes
 Child's Name: _____
 Allergy: _____
- B. Medical condition that we should be aware of? (please specify for each child): No Yes
 Child's Name: _____
 Medical Condition: _____

IV. LEARNING ACCOMMODATIONS

- Does your child have an IEP or special learning needs? (please specify for each child): No Yes
 Child's Name: _____
 Accommodations Needed: _____

V. PERMISSION

- A. I give my children permission to walk home: No Yes
- B. I give permission for my children's photo to appear on the Parish website No Yes
 (www.assumptionrp.com)

VI. TUITION

A \$25.00 per student Religious Education Book/Activities Fee due at the time that the Registration Form is submitted.

The Religious Education Program is tuition-free for all families who are participating in the life of the Parish through their attendance at Mass and support of the Parish. All families are required to register with the Parish. ***The annual (January 1 to December 31) minimum offering from each registered family is \$300.00 (a weekly offering of approximately \$6.00/week.) In order to receive appropriate credit, the parish envelope must be used and must include on the outside your name and address, your envelope number, and the dollar amount enclosed in the envelope.*** No family will be refused Religious Education because they have an inability to contribute financially to the Parish or pay a Registration Fee. Please contact the Religious Education Office to obtain information regarding submitting a confidential request for assistance through the Saint Vincent de Paul Society of our Parish.

Parent Signature: _____ Date: _____

Please check the Parish website (assumptionrp.com) for all Religious Education information.