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| --- |
| Office Use Only:Date Received:Amount Received:Check No. \_\_\_\_\_ / Cash \_\_\_\_\_ |



**Church of the Assumption Religious Education Program 2024-2025**

**Email:** **Assumptionschool110@outlook.com** **Telephone: 908-245-6572**

**\*\*\*DEADLINE FOR STUDENTS RE-REGISTERING IS JUNE 30, 2024\*\*\***

**FAMILY INFORMATION (Please Print)**

Family’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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(­Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone: (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL FAMILIES ARE REQUIRED TO REGISTER WITH THE PARISH. If you are already registered with our parish, please provide your contribution envelope number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL GRADES ARE EXPECTED TO ATTEND WEEKLY MASS ON SATURDAY EVENING OR SUNDAY.**

\*\*Registration forms will not be accepted unless ALL attachments are completed in full.\*\*

**TUITION**

PLEASE NOTE THAT ALL FAMILIES ARE INVITED TO VOLUNTEER IN A TIME SLOT (2 TO 2 ½ HOURS) FOR THE ST. ANTHONY’S FEAST. IN APPRECIATION OF YOUR TIME, EACH FAMILY WILL RECEIVE A $50.00 REDUCTION IN TUITION FOR THE 2024-2025 SCHOOL YEAR. ALL FAMILIES ARE ELIGIBLE FOR UP TO A $100 REDUCTION IN TUITION IF YOU VOLUNTEER FOR 2 TIME SLOTS. ONCE YOU REGISTER FOR A TIME SLOT, YOU MUST NOTIFY THE RELIGIOUS EDUCATION OFFICE OF THE DATE AND TIME YOU ARE SCHEDULED FOR. ONCE YOU HAVE COMPLETED YOUR OBLIGATION AND YOUR PARTICIPATION HAS BEEN CONFIRMED, THE FAMILY TUITION WILL BE REDUCED. ONCE THE FEAST IS FINISHED, THE REMAINING BALANCE OF YOUR TUITION WILL BE DUE.

All tuition **MUST BE PAID IN FULL** at time of registration.

• All classes will be held on Sunday mornings from 9:00 am –10:15 am.

• Grade 2, Grade 8 and Grade 9 will meet on Sunday mornings from 9:00 am—11:30 am (includes 10:30 am Mass).

|  |
| --- |
| One Child: $225  |
| Two or more children: $325 per family |
| First Holy Communion students: Add $50 for supplemental activities |
| 9th Confirmation students: $150 (includes registration, tuition and supplemental activities) |

No family will be refused Religious Education because they have an inability to contribute financially to the Religious Education Program. Please contact the Religious Education Office if you need financial assistance.

**A. RETURNING STUDENTS ONLY**: Grades 2-8

List your children who were registered in the Program in 2023-2024 ONLY. If you are enrolling an additional child, please see Section B: NEW STUDENTS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Full Name | DOB | Grade in Religious Ed | Allergies/Medical Concerns | Special Accommodations  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I give permission for my child(ren)’s photo to appear on the Parish website ([www.assumptionrp.com](http://www.assumptionrp.com))

 No \_\_\_\_\_ Yes \_\_\_\_\_

The following attachments must be completed and returned with the registration form:

\*Student Responsibility and Parent/Guardian Responsibility Form

 \*Empowering God’s Children

\*Photography/Videography Consent Form

One form for **each** student enrolled will be required. Additional forms provided upon request.

**B. NEW STUDENTS**: Grades 1-8

A copy of your child’s Baptismal Certificate must be submitted at the time of registration. Also required is verification of any previous Religious Education and sacraments received at other parishes. Registration forms will NOT be accepted without complete documentation.

CHILD’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female: \_\_\_\_\_\_\_\_ Grade in school in Sept. 2023 \_\_\_\_\_\_\_\_\_\_\_

Date of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Eucharist: \_\_\_\_\_\_\_\_\_\_ Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? No Yes If yes, what is the allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any medical condition that we should be aware of? No Yes

If yes, what is the medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive any special accommodation at school? No Yes

If yes, please provide accommodations needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female: \_\_\_\_\_\_\_\_ Grade in school in Sept. 2023 \_\_\_\_\_\_\_\_\_\_\_

Date of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Eucharist: \_\_\_\_\_\_\_\_\_\_ Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? No Yes If yes, what is the allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any medical condition that we should be aware of? No Yes

If yes, what is the medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive any special accommodation at school? No Yes

If yes, please provide accommodations needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S RESPONSIBILITY:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name of student), agree to abide by the rules listed below:

1. Report to class on time. I will be considered late if I arrive after 9:10. Three late arrivals will be marked as an absence and result in a conference with Father Paul.
2. Do not miss more than 3 classes per semester. Missing more than 3 classes will require a meeting with Father Paul to discuss absences.
3. Do all assigned work.
4. Attend Holy Mass every Sunday.
5. No beverages, food and/or gum during class/mass unless authorized by the teacher.
6. No hats on during class/mass.
7. Always maintain cleanliness and orderliness.
8. Respect classmates, teachers, staff and administrators. Failure to do so will result in removal from the classroom and a phone call to your parent(s) to pick you up for the remainder of the class. Continued disrespect will result in a conference with Father Paul and possible removal from the class for the remainder of the year.
9. I must be picked up from class/mass by a designated family member/guardian.

**PARENT/GUARDIAN RESPONSIBILITY:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name of parent/guardian), understand my role and responsibility in the catholic education of my child and will abide by the rules listed below:

1. Send my child to CCD class regularly and on time. Any arrival after 9:10 is considered late. Three late arrivals will be marked as an absence.
2. Assure that my child does not miss more than 3 classes per semester. Missing more than 3 classes will require a meeting with Father Paul to discuss absences.
3. Check that my child does CCD assigned homework.
4. Take my child to Holy Mass every Sunday and Holy Days of Obligation.
5. Ensure that my child abides by the above Code of Behavior. I understand that if my child is disrespectful, he/she will be removed from the classroom and asked to be picked you up for the remainder of the class. Continued disrespect will result in a conference with Father Paul and possible removal from the class for the remainder of the year.
6. Drop/pick up my child from class/Sunday Mass.
7. Volunteer/Assist in whatever way I can to help or improve my child’s performance in the CCD program.
8. Attend Parent Workshops, Parent/Teacher CCD meetings as scheduled.
9. My child must be picked up from class/mass by a designated family member/guardian.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(revised 5/3/23)

Empowering God’s Children Youth Safe Environment Program

Information Sheet & Opt-Out Option

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents and Guardians,

In an effort to assist in the monumental mission of protecting children from abuse, your parish/school is partnering with you to present two safe environment lessons to your youth. It is our cherished role as adults to fully protect children. In addition, we must also teach children about their safety rights and boundaries, so that they have tools to protect themselves.

This upcoming year, your child will be presented with a program entitled Empowering God’s Children, in which Lesson Leaders present two safety lessons to children. The program houses a grade-appropriate video component along with a hands-on activity. The material is designed to better equip your child to know their rights, recognize their boundaries, and to empower them to protect themselves when safe adults are not immediately available—and ultimately be safer from people who might want to harm them. Youth will participate within two of the following lessons:

Lesson 1: Physical Boundaries: Safe and Unsafe Touching Rules

Lesson 2: Safe Adults, Safe Touches, and Special Safe Adults

Lesson 3: Boundaries: You Have Rights!

Lesson 4: Secrets, Surprises and Promises

Lesson 5: Being a Safe Friend

Lesson 6: Boundaries: Feelings and Facts

As the primary educators of your children, parents and guardians are encouraged to review these materials ahead of time and discuss the information at home. If you have ever thought about how to empower children to protect themselves, fortify their boundaries or increase their safety through in-person and online situations, then reviewing the lessons on your own to both begin and reiterate the message at home is the best next step to take.

Thank you for your partnership with us to protect youth.

**IMPORTANT INFORMATION:**

Please see the class schedule for the date of the safety program. Be sure

 to inquire about alternative presentations for the lessons at home.

**Please note: You also can “opt” the youth out of the formal in-program safety lesson if you only plan to** **provide safe environment education at home.** Please complete, detach, and submit the form below if you do not want your child to receive safe environment information via their youth program about ways to protect themselves. Your coordinator will reach out to you regarding relevant protocol, e.g., child separation from others during lessons, alternative activities, etc. Please see opt out form on the following page.

 **Empowering God’s Children Youth Safe Environment Program**

**Information Sheet & Opt-Out Option**

**TO OPT-OUT THE CHILD FROM THE SAFETY LESSON, RETURN THIS PORTION WITH**

**YOUR REGISTRATION FORM TO THE RELIGIOUS EDUCATION OFFICE**

I, (printed name of parent or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the safety lessons and **DO NOT** give my permission for this location to present the Empowering God’s Children Safety Lessons to my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

(Printed name of child)

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

**PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM FOR USE BY PARISHES/SCHOOLS**

**AND FOR SUBMISSIONS TO THE ARCHDIOCESE OF NEWARK**

Check the appropriate box and complete said section. □ Minor (anyone under 18 years of age)

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name), hereby authorize Church of the Assumption, 113 Coolidge Place, Roselle Park, NJ (the “Parish/School”) and the Roman Catholic Archdiocese of Newark (the “Archdiocese”), 171 Clifton Avenue, Newark, New Jersey, to use

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (Minor’s Name) name and likeness in any photograph(s)/video(s) from this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (today’s date) forward.

 I understand and agree that any photograph(s)/video(s) shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use including, but not limited to, the Parish/School’s and the Archdiocese’s print, video, online, and electronic promotional materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or promise to me regarding the quality or editing of any photograph(s)/video(s) taken. I hereby release and hold harmless the Parish/School and the Archdiocese from any reasonable expectation of privacy or confidentiality associated with the images specified above. I acknowledge and agree that the minor’s participation is voluntary; he/she will receive no financial compensation. I acknowledge and agree that publication of said photograph(s)/video(s) confers no rights of ownership or royalties whatsoever. I hereby irrevocably authorize the Parish/School and the Archdiocese to edit, copy, exhibit, publish or distribute any photograph(s)/video(s) for purposes of publicizing the Parish/School’s and the Archdiocese’s programs or for any other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the minor’s likeness appears. I grant the Parish/School and the Archdiocese permission to publish the minor’s name and use the minor’s likeness from the photograph(s)/video(s) taken. This permission extends to the Parish/School and the Archdiocese and any subsequent party that the Parish/School or the Archdiocese may designate that is involved in the production, reproduction, and distribution of the photograph(s)/video(s). I hereby release and hold harmless the Parish/School, the Archdiocese, their respective contractors, employees, and any related third parties from all actions, claims, damages, costs, and/or expenses, including attorney’s fees, brought by myself, the minor, and/or the parent/guardian, which relate to, or arise out of, any use of the photograph(s)/video(s) as specified above. I have read the above terms and conditions contained in this consent. I understand the contents of this consent and that I am waiving and relinquishing all rights that I may have as set forth above. I also understand that this consent will remain in effect unless and until it is revoked by me in writing and communicated to the Parish/School.

Authorization:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if an adult)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if student is under 18 years of age)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Tel. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 2023

FAMILY HANDBOOK

I/We Confirm that we are in receipt of the 2024-2025 Family Handbook from the Religious Education Office of the Church of the Assumption. I/We have read the Family Handbook thoroughly and understand the contents and requirements contained in it.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent