

**ST. MARY CATHOLIC CHURCH
K - 8th GRADE RELIGIOUS EDUCATION PROGRAM**

SESSIONS BEGIN SUNDAY, AUGUST 19, 2018 at 9:45am

**The COST PER CHILD is \$50.00 for SRE.
(\$100 MAXIMUM PER FAMILY FOR SUNDAY RELIGIOUS ED. PROGRAM ONLY).**

FOR 2nd GRADERS: Please add an additional \$35 (Sacramental Preparation fee) *(Assistance Available)*
If child was NOT baptized at St. Mary, a copy of his/her baptismal record must be on file at the Parish Office by October 1st

FOR 8th GRADERS: Please add an additional \$65 (Confirmation Preparation fee) *(Assistance Available)*
If child was NOT baptized at St. Mary, a copy of his/her baptismal record must be on file at the Parish Office by October 1st

**Please fill out a separate form for each child and mail or
drop-off at the Parish Office by Saturday, August 4, 2018**

Child's full name: _____ Nickname: _____

Grade level: _____ School: _____

Church where Baptized: _____ Year: _____ City/State _____

Parent name(s): _____

Address _____

Home phone _____ Cell phone _____

Email _____

Other _____

In case of EMERGENCY, indicate in the brackets above in which order you would like us to contact you –
(i.e. [1] home phone, [2] cell phone, [3] email, [4] other).

EMERGENCY CONTACT PERSON (if different from above)

NAME _____ PHONE _____

In addition to the parent(s) listed above, to whom, if anyone, do you authorize St Mary Parish to release your child?

_____ PHONE _____

(PLEASE COMPLETE OTHER SIDE)

EMERGENCY/MEDICAL CARE INFORMATION

So that appropriate medical care can be provided:

Has this child been diagnosed with special needs. Y / N

Does this child have serious allergies? Y / N

What Sacraments has your child received? Baptism Y / N Confession Y / N Communion Y / N

Are there any other conditions regarding this child in which we should be aware? Y / N

If you have answered YES to any of the above questions, please explain/specify:

I/We give permission for my son/daughter, in case of emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge to secure proper treatment for my son/daughter at my expense.

The undersigned parent/legal guardian grants permission to St. Mary Parish of Muncie, IN and the Diocese of Lafayette-in-Indiana to utilize the participant's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, related to St. Mary Catholic Church Programs.

Parent/Guardian Signature _____ **Date** _____

VOLUNTEERS WELCOME, NEEDED AND APPRECIATED!

I am/We are interested:

____in assisting in my child's class ____teaching in the Religious Education Program

____in assisting the Religious Education Program

Area(s) of interest: _____

For Administrative Use Only:

Date Received: _____

Amount of Check: _____

Check #: _____

Cash: _____

Combined payment for several children: Y / N

Baptismal Certificate Received: _____