

St. Francis of Assisi 2019-2020

Religious Education/Youth Group Registration

6701 Muncaster Mill Rd. Derwood, MD 20855

Registration fees: One child: \$150
Two children: \$250
Three or more children: \$325

Return form by August 1 to receive \$25 discount off total registration.

If not St. Francis parishioners: add \$100

Catechists & Aides teaching in Program: \$30 per child

Materials fee for Sacramental Preparation programs is in addition to RE Registration fee and will be discussed at parent meetings in the Fall.

Office use only:

Date rec'd: _____

Parish reg: _____

Volunteer: _____

CIC / Bapt / Recon / Euch / Conf

Sac Prep Year: _____

FAMILY INFORMATION

Family Last Name: _____ I am interested in volunteering as: Catechist / Aide / Sub / Hospitality

Father's Name: _____ Father's Cell / Work: _____

Father's Religion: _____ Father's email: _____

Mother's Name: _____ Mother's Cell / Work: _____

Mother's Religion: _____ Mother's email: _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: _____ Emergency Phone: _____

City, ST Postal _____ Relationship to child: _____

STUDENT #1 INFORMATION

Child's Legal Name: _____

Child's Nickname: _____

Gender: Male / Female

Sacrament Details Check & List Date/Place

Birth Date: _____

Baptism: _____

Grade in Sept.: _____

Eucharist: _____

Special Needs: _____

Penance: _____

Confirmation: _____

(Allergies, Health conditions, Learning or behavior concerns, Testing accommodations, etc.)

Session (circle one):

Requesting sacraments this year? Yes / No

PreK/K, Sun.
11:10-12:15

Grades 1-5, Sun.
9:20-10:35 am

Grades 6-8, Mon.
6:45-8:00 pm

Grades 9-12 (Youth Group), Sun.
6:00-8:00 pm

Homeschool

Grades 1-5, Mon.
4:45-6:00 pm

Grades 6-8, Tues.
6:45-8:00 pm

Special Needs Class, Sun.
3:30-4:30 pm

Additional students in the same family can be included on the reverse side.

NOTE: Please submit a copy of each child's Baptism Certificate the first year you register and again when your child is preparing for sacraments.

Number of children to be registered for Religious Education: _____ **Total RE Registration fee:** _____

Circle one: Payment enclosed

Payment will be sent later

Payment submitted through Faith Direct

Please contact the DRE to make alternate arrangements if payment of fees pose financial hardship

Office use only:

RE Registration Fees rec'd: Check # _____ **Amount \$** _____ **Initials** _____ **Date** _____

Materials fee(s) for Sacramental Preparation rec'd: Check # _____ **Amount \$** _____ **Initials** _____ **Date** _____

*NOTE: Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/or records must be in writing and signed by the parent or parents with court-ordered legal custody. Registration forms should be submitted by parents/guardians with legal authority to make educational and religious decisions on behalf of the child.

STUDENT #2 INFORMATION

Child's Legal

Name: _____

Child's Nickname: _____

Gender: Male / Female

Sacrament Details

Check & List Date/Place

Birth Date: _____

 Baptism: _____

Grade in Sept.: _____

 Eucharist: _____

Special Needs: _____

 Penance: _____ Confirmation: _____

(Allergies, Health conditions, Learning or behavior concerns, Testing accommodations, etc.)

Session (circle one):**Requesting sacraments this year?** Yes / No**PreK/K, Sun.**
11:10-12:15**Grades 1-5, Sun.**
9:20-10:35 am**Grades 6-8, Mon.**
6:45-8:00 pm**Grades 9-12 (Youth Group), Sun.**
6:00-8:00 pm**Homeschool****Grades 1-5, Mon.**
4:45-6:00 pm**Grades 6-8, Tues.**
6:45-8:00 pm**Special Needs Class, Sun.**
3:30-4:30 pm

STUDENT #3 INFORMATION

Child's Legal

Name: _____

Child's Nickname: _____

Gender: Male / Female

Sacrament Details

Check & List Date/Place

Birth Date: _____

 Baptism: _____

Grade in Sept.: _____

 Eucharist: _____

Special Needs: _____

 Penance: _____ Confirmation: _____

(Allergies, Health conditions, Learning or behavior concerns, Testing accommodations, etc.)

Session (circle one):**Requesting sacraments this year?** Yes / No**PreK/K, Sun.**
11:10-12:15**Grades 1-5, Sun.**
9:20-10:35 am**Grades 6-8, Mon.**
6:45-8:00 pm**Grades 9-12 (Youth Group), Sun.**
6:00-8:00 pm**Homeschool****Grades 1-5, Mon.**
4:45-6:00 pm**Grades 6-8, Tues.**
6:45-8:00 pm**Special Needs Class, Sun.**
3:30-4:30 pm

STUDENT #4 INFORMATION

Child's Legal

Name: _____

Child's Nickname: _____

Gender: Male / Female

Sacrament Details

Check & List Date/Place

Birth Date: _____

 Baptism: _____

Grade in Sept.: _____

 Eucharist: _____

Special Needs: _____

 Penance: _____ Confirmation: _____

(Allergies, Health conditions, Learning or behavior concerns, Testing accommodations, etc.)

Session (circle one):**Requesting sacraments this year?** Yes / No**PreK/K, Sun.**
11:10-12:15**Grades 1-5, Sun.**
9:20-10:35 am**Grades 6-8, Mon.**
6:45-8:00 pm**Grades 9-12 (Youth Group), Sun.**
6:00-8:00 pm**Homeschool****Grades 1-5, Mon.**
4:45-6:00 pm**Grades 6-8, Tues.**
6:45-8:00 pm**Special Needs Class, Sun.**
3:30-4:30 pm