

Household Name _____



Mother's Full Name _____ Email _____ Cell # _____ Work # _____	Father's Full Name _____ Email _____ Cell # _____ Work # _____	PRIMARY Family Email
		PRIMARY Family Phone
Did your child(ren) attend religion classes last year? <input type="checkbox"/> No <input type="checkbox"/> Yes, at Saint Paul <input type="checkbox"/> Yes, at _____ (parish)	Child(ren) Address of Residence: Street _____ City _____ State _____ Zip _____	With whom do your children live? [We must have a copy of any custody agreement.]

Program Days/Times (all programs ordinarily meet weekly, except special needs)

Atrium (Montessori)	Elementary Classroom	Middle School Classroom	Special Needs	Home Study (Gr. K-7)
3-6 yr (PK, K) A Mon 12:30-2PM <u>or</u> B Mon 4:30-6PM	Grades K-5 G Mon 7:00-8:15 PM <u>or</u> H Thurs 5:30-6:45 PM	Grades 6-8 J Mon 5:30PM-6:45PM <u>or</u> K Thurs 7:00PM-8:15 PM	M Times and dates determined per child's needs/abilities.	N Parents guide the child through lessons at home, per the parish curriculum. This program includes family or parent-only events on-site at the parish.
6-9 yr (Gr. 1-3) C Mon 4:30-6PM <u>or</u> D Tues 6:00-7:45PM				
9-12 yr (Gr. 4-6) E Tues. 4:15 -6:15PM <u>or</u> F Wed. 4:15-6:15PM				

Registering Students (if more space is needed attach additional page)

Child's Full Name	Baptized?		Received first communion?		Grade/Age (Fall '19)	School (Fall 2019)	LETTER of 1 st choice	LETTER of 2 nd choice	Additional Info Needed
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					Please provide more information about your child(ren) [like allergies, medical conditions, learning needs, etc.] on the reverse side of this form.
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

Tuition [Calculate fees using options below]


<input type="checkbox"/> Tuition for first child enrolled is \$180.00 (\$0 for Catholic School) ⇒ _____ <input type="checkbox"/> Tuition for additional children is # ___ of kids x \$80.00 each ⇒ + _____ <input type="checkbox"/> Sacramental Fee (Communion + Confirmation year only) is \$75.00 ⇒ + _____ <input type="checkbox"/> Bible Fee is \$6.00 (grade 2 only) or \$25.00 (first year in MS program) ⇒ + _____	= Total Due \$ _____ Check # _____ Date: _____ Checks payable to Saint Paul Catholic Church 9240 Damascus Rd., Damascus, MD 20872	Office Use Only
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PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM


Additional Information – Please share with us any allergies, medical conditions, learning challenges, developmental issues, etc.

Name of Child	Pertinent Information <i>[please attach additional pages to provide more information if space is not adequate]</i>	
	Share more info here:	Or indicate: <input type="checkbox"/> NONE
	Share more info here:	Or indicate: <input type="checkbox"/> NONE
	Share more info here:	Or indicate: <input type="checkbox"/> NONE

Parents often send family members or use carpools to pick up their child(ren). Is there anyone who specifically does NOT have permission to sign your child(ren) out?	
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 I, _____ grant permission for my child/ren, _____ to participate in Saint Paul parish Religious Education (RE) programs. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Paul Catholic Church. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s). I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Paul Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with RE, from any claim arising from or in connection with my child/children/teen(s) attending RE or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representatives associated with RE for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers provided please contact the alternative emergency contact provided.

 I understand that photos taken during program activities may appear in parish publications. St. Paul parish strives to never use photos outside of communications related to parish activities. Contact the parish office if you have any questions.

I understand that parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the parish with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent(s) or guardian(s) with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form. If there are any persons not permitted to pick up your child, please attach a written note explaining the situation.

 Parent/Legal Guardian Signature _____

Date _____

Parent Volunteer Sign Up

St Paul parish children/youth faith education programs are primarily staffed by volunteers. As an expectation of participation, all parents should plan to support their child's program by;

- a) giving volunteer hours **and**
- b) being an engaged, active, worshipping member of the parish.

Tell us how you wish to volunteer this year:

I am available to support...

- Weekly or every class
- Once or twice a month
- Once every few months
- For occasional projects/events

...for the following program(s):

- Atrium
- Elementary
- Middle School
- Special Needs

Comments: _____