



Holy Rosary Religious Education  
 Registration Form 2018 – 2019  
*Please return by August 25, 2018*

525 Grant Ave North Mankato, MN 56003 507- 345 -6765
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<b>Last Name</b>		<b>Father's Name</b>		<b>Mother's Name</b>	
<b>Home Address</b>		<b>City</b>		<b>Zip Code</b>	
<b>Father's Work Number</b>	<b>Mother's Work Number</b>	<b>Home Phone Number</b>	<b>Emergency Contact Name</b>	<b>Emergency Contact's Phone #</b>	
<b>Father's Cell Phone</b>	<b>Mother's Cell Phone</b>	<b>Family E-mail Address</b>	<b>E-mail Address #2</b>		



Child's Name	Fall 2018: School	Fall 2018: Grade	M/F	Preschool Only: Age as of 9/1/18	Check if Received:			
					Baptism	1 <sup>st</sup> Recon.	1 <sup>st</sup> Comm.	Confirmation

**Family Health Information: Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Does your child have any special needs we should be aware of to better facilitate his/her religious formation?

Does your child take any medications that we should be aware of? If so, please list:

**Consent to Contact Physician in an Emergency:**  
 In the event that I cannot be reached to make arrangements, I hereby give my consent to Holy Rosary Parish to contact the above physician and, if necessary, transport my child to a clinic or hospital.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Use Pictures/Parent Information Distribution:**  
 I acknowledge that distribution of newsletters, parent information and handbooks will be through email and published in the Religious Ed section of the parish website. Hard copies can be requested by contacting the RE Office. In addition, I hereby give Holy Rosary Parish permission to publish pictures of my child/children on the parish website or in parish publications.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*Tuition Information and Volunteer Opportunities on the back.*



**Tuition:** Sunday School (3, 4 & 5 year olds): \$35/Student  
 Grades 1 – 6: \$55/Student  
 Grades 7 – 11: \$65/Student  
 \*Free tuition if parent is a regular classroom teacher  
 \*No child will be turned away because of inability to pay  
 \***You must be registered to attend class**

**Deposit:** *\$15 is due at registration, the balance to be paid by March 15, 2019.*  
 Sub - Total Tuition Due: \_\_\_\_\_  
 Donation for Snacks/Other: \_\_\_\_\_  
 Family Total: \_\_\_\_\_  
 \_\_\_\_\_ I will need to pay in installments.

For Office Use Only	
Payment Amount:	_____
Check #:	_____
Initials:	_____

**Volunteer Opportunities**

- **Grade Level Coordinator** – Compile and plan students’ lessons, aid catechists, compile catechist’s manual, aid in catechist workshops.
- **Catechist** – Lead or co-lead a group of students with lesson plans provided.
- **Office Volunteer** – Assist with the needs of the RE Office during class time.
- **Substitute Catechist** – Lead a group of students with lesson plans provided when regular catechist is unable to make it.
- **Classroom Volunteer** – Join your child’s class for a night!
- **Help with Religious Ed events** - such as serving coffee/rolls after Mass; reception after 1<sup>st</sup> Reconciliation or Confirmation; others as they come up throughout the year.

**Complete to volunteer for one of the positions above:**

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Option Chosen: \_\_\_\_\_

Time: \_\_\_\_\_ Grade (if necessary): \_\_\_\_\_

Co-catechist preference: \_\_\_\_\_

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

Have you been Safe Environment trained? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, in which Diocese? \_\_\_\_\_

