HOLY INNOCENTS RELIGIOUS EDUCATION PROGRAM 2021 – 2022

Last Name of Child/rer	1:				Registered with Church Yes No				
Mailing Address:						Circle one			
City:									
PRIMARY Phone for C	'ommu	nications: (_)		Home phone ()			
Mother:		(()						
First plus maio			Mother's Ce	ell Mother's Work Phone Number					
Mother's e-mail:									
Father:			()		()				
Name Father's e-mail:		Fat	ther's Cell		Father's Work Phone Number				
Mother's Religion					-				
			Name of	Rel. Ed.	2021-2022 Program				
First Name(s)	M F	Birthday	DIP GI I		Grades 1-5 Monday, Tuesday, Wednesday, Thursday, Saturday				
					Lat 1 h	I and I a			
New to program					1st choice day	2 nd choice day			
	F	IRST GRA	DE OR NEW S	TUDENTS	S TO PROGRAM				
Submi					ny other sacraments re	eceived.			
IF RAPTIZED AT H	ioly i	'NNOCENT	'S RAPTISMA	L DATE:	(copy of ce	rtificate is not needed)			
Registration: <i>one</i> Child \$3									
		communion			00 per child + \$				
acraments: Confirmat					00 per child + \$				
AMILY NOT REGISTERED		HOLY INNOC	CENTS PARISH	4200	add \$100.00 + \$				
Registrations will be acc Late Registrations will t	-	0	• /	,	O	ate fee \$			
Cotal Amount Due					= \$				
	DO]	NOT WRI	TE BELOW-	OFFICE	USE ONLY				
Total Due					\$				
Amount Paid					\$				
ayment date: Mo	/Day		/Yr	Check #	Cash				

Last Name of Child/ren: Special Needs/Medical Conditio	n• Are the	ere anv	learning	needs (ex	· ADI	O ADHD or ar	ny learning acco	mmodations in			
school) or any Medical Conditions/A	llergies?	Yes / No	o Do	es your cl	hild ha	ave an I.E.P. in	•				
If ye	es, please l	let us kn	ow how	best to wo	ork wi	th your child.					
Child's NameDetails:											
	NameDetails:										
EMERGENCY CONTACTS:								 -			
OR: If parent/guardian cannot be reac	thed in the	e event o	of non-en	nergency	or illn	ess which requi	res child to be p	icked up			
me: Local Phone:											
Cell:	ll:Relationship:										
Safe Environment: Age and grade Education. If you wish to opt out	le approp	- oriate Sa s ign.	afe Envi	ironment	Lesso	ons are taught	tos of my Child	eligious			
			(Do no	ot teach tl	he Sai	fe Environmen	t lesson).				
		9	VOL.U	NTEEG	R.S						
I WOULD LIKE TO OFF	ER MY	_				OWING WA	Y / CIRCLE	CHOICE:			
Catechist (Teacher)	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Catechist Assistant	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Hall Monitor	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Substitute	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Principal (sit at desk)	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Please indicate Grade request	ino										
Volunteers:	5										
	phone										
()					_ •						

- All Volunteers will be asked to complete an Application, Background Check, and participate in Safe Environment Training. Background Checks are renewed every six years.
- ➤ Catechists (teachers) are provided with: Archdiocesan Guidelines for Catechesis, Catechist Manual, Resources and Program Calendar.
- Catechists (teachers) are entitled to free Registration (must pay Sacrament Fees).
- Assistants, Principals, Hall Monitors are entitled to ½ Registration Fees (must pay Sacrament Fees).