## **HOLY INNOCENTS RELIGIOUS EDUCATION PROGRAM 2024 – 2025**

Last Name of Child/ren:					Registered v	vith Churcl			
Mailing Address:							Circle one		
City:									
<b>PRIMARY</b> Phone for Co									
Mother:		(	)		( )				
First plus maider			Mother's Cel		Mother's Work Phone Nur				
Mother's e-mail:									
Father:			( )		( )				
Name				Father's Work Phone Number					
Father's e-mail:									
Mother's Religion		Father's	Religion	Maı	rital status of parents				
	List	ALL Child	dren who will	be in our 2	2024-2025 Program				
	M		Name of Public School and Grade	Rel. Ed. Grade in Sept.	Grades 1-5, indicate da	•	Saturdays as		
First Name(s)	F	Birthday			Grade 6 - Monday even Grade 7 – Tuesday even	available			
					Grade 8 – Wednesday	_			
					1st choice day	2 <sup>nd</sup> choic	e day		
							-		
~	_				S TO PROGRAM				
Submit	a cop	y of their B	aptismal certif	icate and ar	ny other sacraments re	ceived.			
IF BAPTIZED AT HO	LYI	NNOCENT	S, BAPTISMA	L DATE:	(copy of ce	rtificate is	not needed)		
Registration: <i>one</i> Child \$35	50. / f	or two Child	ren \$390. / for <i>t</i>	<i>hree</i> or more	e Children \$430. \$				
Sacraments: Reconciliation	on/Co	mmunion		add \$75.	00 per child + \$_				
Sacraments: Confirmation				·	.00 per child + \$				
AMILY <u>NOT</u> REGISTERED W					dd \$100.00 + \$				
Registrations will be accep Late Registrations will tal									
Total Amount Due	_		_						
	OO	NOT WRIT	TE BELOW-	- OFFICE U					
Total Due					\$				
Amount Paid	/D		/5.7	71 1 "	\$				
ayment date: Mo	/Day		<u>/Yr(</u>	Check #	Cash				

Last Name of Child/ren: Special Needs/Medical Condition	1• Are then	e any lea	arning nee	eds (ex · A	DD A	DHD or any lear	rning accommoda	ations in school)			
or any Medical Conditions/Allergies?								ations in school)			
If	yes, please	let us kr	now how	best to wo	ork wit	h your child.					
Child's Name			Det	ails:							
Child's Name			Det	ails:							
<b>EMERGENCY CONTACTS</b> :							- 1 1	- <u> </u>			
If parent/guardian cannot be reached in	tne event o	or non-ei	mergency	or ilines	s wnici	requires child to	o be picked up				
Name:	Local Phone:										
Cell:	Relationship:										
Safe Environment: Age and grade Education. If you wish to opt ou											
		C	VOL US	NTEEG	RS						
I WOULD LIKE TO OF	ER MY	SERV	ICES I	THE	FOLL	OWING WA	Y / CIRCLE (	CHOICE:			
Catechist (Teacher)	Mon	Tue	Wed	Thurs	Sat	Mon Eve	Tue Eve	Wed Eve			
Catechist Assistant	Mon	Tue	Wed	Thurs		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 Volunteers: E-mail	<u> </u>				nhor	ne ( )					
➤ All Volunteers will be asked to											
Background Checks are renew				-				J			

- 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, and Hall Monitors are entitled to one-half Registration fee. Must pay Sacrament Fee