

# ST. ELIZABETH ANN SETON PARISH 2018-19

## RELIGIOUS EDUCATION REGISTRATION FORM

Classes begin August 26 & 27, 2018

PLEASE FILL OUT BOTH SIDES OF THIS FORM FOR STUDENTS IN ALL GRADES

(Available for Online Registration at [www.seasfw.org](http://www.seasfw.org))

FAMILY LAST NAME \_\_\_\_\_

MAILING ADDRESS OF CHILD/REN \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
(at least one email address is required)

FATHER'S NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PH# \_\_\_\_\_  
(other than a parent)

### Registration for students in Grade 1, 2, 7, and 8

(please see reverse side for Grades 3, 4, 5, 6)

Session: \_\_\_\_\_ Sunday, 3:00-4:15pm OR \_\_\_\_\_ Sunday, 6:00-7:15pm OR \_\_\_\_\_ Monday, 6:00-7:15pm  
(please indicate 1st and 2nd choice)

_____ M F	_____	_____	_____
<u>Child's Name</u> (include last name if different from parents)	<u>Date of Birth</u>	<u>School</u>	<u>Grade 2018-19</u>
-Was this child Baptized in the Catholic Church? YES or NO		-If No, was this child Baptized in another denomination? YES or NO	
-Was this child Baptized at St. Elizabeth? YES or NO		-Has this child received First Reconciliation? YES or NO	
-Has this child received their First Communion? YES or NO		-Has this child received the Sacrament of Confirmation? YES or NO	
-Was this child enrolled in Religious Education at St. Elizabeth or another parish last year? YES or NO			

_____ M F	_____	_____	_____
<u>Child's Name</u> (include last name if different from parents)	<u>Date of Birth</u>	<u>School</u>	<u>Grade 2018-19</u>
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### Volunteers: Our program cannot exist without your help!

"The harvest is abundant but the laborers are few; so ask the master of the harvest to send out laborers for his harvest." Luke 10:2

\_\_\_\_\_ CATECHIST\* Preferred Day: Sunday Or Monday Preferred Grade (1, 2, 7, 8 or Any of these) \_\_\_\_\_

\_\_\_\_\_ Substitute catechist (during my child's class time)

\_\_\_\_\_ Classroom assistant for child with special needs (weekly, during class)

\_\_\_\_\_ Carpool (15 minutes at end of class) (weekly)

\_\_\_\_\_ Office Volunteer (as needed, during class)

# Registration for students in Grade 3, 4, 5, and 6

(please see reverse side for Grades 1, 2, 7, 8)

## FAMILY CATECHESIS ONCE A MONTH PARENT MEETING

Session: \_\_\_\_\_ Sunday, 3:00-4:15pm OR \_\_\_\_\_ Sunday, 6:00-7:15pm OR \_\_\_\_\_ Monday, 6:00-7:15pm  
(please indicate 1st and 2nd choice)

<u>Child's Name</u> (last name if different from parents) M F	<u>Date of Birth</u>	<u>School</u>	<u>Grade 2018-19</u>
-Was this child Baptized in the Catholic Church? YES or NO			-If No, was this child Baptized in another denomination? YES or NO
-Was this child Baptized at St. Elizabeth? YES or NO			-Has this child received First Reconciliation? YES or NO
-Has this child received their First Communion? YES or NO			-Has this child received the Sacrament of Confirmation? YES or NO

<u>Child's Name</u> (last name if different from parents) M F	<u>Date of Birth</u>	<u>School</u>	<u>Grade 2018-19</u>
-Was this child Baptized in the Catholic Church? YES or NO			-If No, was this child Baptized in another denomination? YES or NO
-Was this child Baptized at St. Elizabeth? YES or NO			-Has this child received First Reconciliation? YES or NO
-Has this child received their First Communion? YES or NO			-Has this child received the Sacrament of Confirmation? YES or NO
-Was this child enrolled in Religious Education at St. Elizabeth or another parish last year? YES or NO			

**Please complete the information below for all students:**

**Special Needs:** *Please fill this out each year.* List any of your child's educational, medical, physical, behavioral, and emotional needs that the director or catechist needs to know. This information will be kept confidential but may be shared with the catechist on an as needed basis (please include allergies).

### Parent/Guardian Religious Education Agreement

To complete registration, please initial each bullet point

- \_\_\_\_\_ I agree to attend Saturday/Sunday Mass every weekend.
- \_\_\_\_\_ I agree to attend all scheduled religious education classes.
- \_\_\_\_\_ I agree to attend all sacramental preparation meetings and events outlined in the 2018-19 Religious Education & Sacramental Formation Parent & Student Handbook.
- \_\_\_\_\_ I agree to volunteer time and talent as stewardship to the parish and/or religious education program.
- \_\_\_\_\_ I agree to make and fulfill a financial pledge as stewardship of treasure for 2018-19.
- \_\_\_\_\_ I have reviewed the 2018-19 Religious Education & Sacramental Formation Parent & Student Handbook (online at [www.seasfw.org](http://www.seasfw.org))

**FEES: \$95.00 per family      REGISTRATION DEADLINE JULY 15    after that fee is \$125.00 per family**

**Fees must be paid and the Religious Education Agreement must be completed before your registration can be processed or class assignment can be made.**

- ◆ For Financial Assistance, please contact Carole Yaney, Director of Formation, at 432-0268 ext. 107 or [cyaney@seasfw.org](mailto:cyaney@seasfw.org)
- ◆ For questions concerning the Religious Education Program or the preparation and reception of the Sacraments of Baptism, Communion, and Confirmation please contact Kim Conte, Director of Youth Formation, at 432-0268 ext. 117 or [kconte@seasfw.org](mailto:kconte@seasfw.org)

**For Office Use Only**

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Credit Card Amount \_\_\_\_\_