

San Juan del Rio Catholic Church - Religious Education Registration 2010-2011

Family Name: _____ Registered at SJDR? (CIRCLE) YES/NO

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Guardian's Name: _____ Religion: _____

Home Phone #: _____ Cell Numbers: _____
(Father, Mother, Guardian)

E-mail address _____

Address: _____ City: _____ Zip: _____

Child's Name	Sex M/F	Birth Date	Grade Level	Medical Needs	Circle Sacraments RECEIVED
1.					Baptism Reconciliation First Eucharist Confirmation
2.					Baptism Reconciliation First Eucharist Confirmation
3.					Baptism Reconciliation First Eucharist Confirmation
4.					Baptism Reconciliation First Eucharist Confirmation

Sessions: Monday 5:30 – 6:45 PM _____ (Grade Pre K-6th)
 Monday 5:15 – 6:45 PM _____ (Grade 7 & Confirmation Class)
 Wednesday 4:30 – 5:45 PM _____ (Grade Pre K-6th)
 Wednesday 6:30 – 7:45 PM _____ (Grade 1-6th)
 Wednesday 6:15 – 7:45 PM _____ (Grade 7 & Confirmation Class)

Fee Schedule: **Make check payable to: San Juan Del Rio (SJDR)**

Parishioner: One Child: \$80 Each additional child: \$50

Non-Parishioner: One Child: \$150 Each Additional: \$75 **+ NO REFUNDS +**

LATE FEE: \$50 per family (applied after Aug 31 to parishioners)

I am enrolling my child for a Sacrament this year. (please check appropriate Sacrament)
 ____Reconciliation/First Eucharist (2nd grade or older) ____Confirmation (8th grade & High School)
 We, the parents, understand that the Sacrament Program is a two year commitment. By indicating yes, I am stating my child was enrolled in a Religious Education program last year and proof of attendance will be provided as well as a **copy** of my child's baptismal certificate. Baptized at SJDR? (circle) Yes/No
 (Those registered in our SJDR Religious Education program last year do not need proof of attendance.)

► **Do we have your permission to put pictures of your child (no name) on our website?**(CIRCLE) Yes/No

► I understand that it is my responsibility to read the SJDR Religious Education policies online at <http://www.sjdrparish.org/codeofconduct.htm> and agree to adhere to the policies set forth.

Parent or Guardian Signature: _____

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Office Use only PLEASE TEACHER/ASSISTANT
 Amount paid: _____ Received By: _____
 Check #: _____ Date: _____