

St. Patrick Religious Education Registration 2024-2025

The Religious Education Program at St. Patrick exists to support the parents who are the primary educators of their children. We provide a curriculum that teaches Jesus Christ is our Lord and Savior and our curriculum is in full agreement with the Magisterium of the Roman Catholic Church and its Catechism.

Family Last Name: _____ **Is Your Family Registered in Our Parish?** Yes No

Father's Name: _____ Cell: _____ Work Phone: _____

Father's Religion _____ Mother's Religion: _____

Mother's Name: _____ Cell: _____ Work Phone: _____

Preferred Email: _____ **Home Phone:** _____

Mailing Address: (required)

Child(ren) reside with: Both Parents Mother Father Other (name/relationship) _____

Did your child(ren) attend this Program last year? _____ Are parents married in the Catholic Church _____

****Have both parents (if Catholic) been Confirmed in the Church? Father:** Yes No **Mother:** Yes No

Please list any **allergies, medications, learning disabilities, or special requirements:**

Class Type:	Kindergarten-8 CCD	Home Taught	ONLINE	Special Sacrament (Grade 3-7)	Need another day or time?				
Class Description	Traditional in-person program	Contact the RE Office for materials, or for RE approval of materials. Available only for homeschooling families, or by DRE permission.	My Catholic Faith Delivered	Scheduled as needed For older First Communion Students	Please let us know				
Class Code	Wed	Home please inform RE office of curriculum choice	MCFD approval needed	SPEC					
Student's Full Legal Name			Grade This Fall	Birth Certificate	Baptism Y/N	First Confession Y/N	Holy Communion Y/N	Confirmation Y/N	Class Code above
Last,	First	Middle							

Students preparing for sacraments MUST have 2 consecutive years of formation prior to receiving those sacraments.

Fees: (class fees are waived for catechists & classroom aides, see Mr. Camill)

Classes:

Early Registration (Before August 25, 2024) \$75 for 1st Child \$55 for 2nd Child \$40 for each child after
Registration (August 25, 2024, and thereafter) \$85 for 1st Child \$65 for 2nd Child \$50 for each child after

First Holy Communion: \$20

Confirmation: \$100 (These fees are separate from class registration fees.)

Should financial assistance be needed, please contact the RE office. No child will be denied the opportunity to attend CCD or receive the sacraments due to financial hardship.

Photo, Press, Audio, and Electronic Media Release for Minors

The **Diocese of Arlington and any of its schools/parishes and/or the Arlington Catholic Herald (“Diocese”)** may produce or participate in video and/or audio recording, website or still photographic productions that may involve the use of students’ names, likenesses, or voices. Such productions may be used for news stories, illustration, educational, and/or official marketing purposes and may be copied or copyrighted with the Diocese retaining any and all rights to such productions.

Please choose **one** of the options below after carefully considering your decision regarding the use of your child’s name, likeness, and/or voice. **This agreement is binding for the period in which the student is enrolled. No adaptations, changes or alterations may be made for the current academic year.**

- Image and Audio:** I DO authorize the Diocese to use and publish my child’s photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.
- Identity:** I DO authorize the Diocese to use my child’s name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.
- I DO NOT AUTHORIZE** the Diocese to use and publish my child’s name, photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Pick-Up Authorization

Persons other than parents/guardians who are authorized to pick up the student on a regular basis from religious education: (May include relatives, neighbors, carpool drivers, etc.):

Name _____ Relationship _____

Name _____ Relationship _____

Persons NOT authorized to pick up the student from religious education:

Name _____ Relationship _____

(Note: Please notify the Director of Religious Education if you anticipate any issue with unauthorized persons attempting to pick up your child. Do not list a parent or other legal guardian as “NOT authorized” unless a court order or other binding legal document so provides. In that event, please provide a copy of the legal document.)

Emergency Contacts

Give the name, address and phone number of two adults who could collect the student from RE in a timely manner in the event that the parent/guardian cannot be reached:

1) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Medical Waiver

- I agree to notify the Director of Religious Education/office within 24 hours if my child or any member of their immediate household has developed a communicable disease.
 - I agree to notify the Director of Religious Education/office immediately if the disease is life threatening.
 - I agree to pick up my sick or injured child in a timely manner when contacted.
 - If I cannot be reached, the above emergency contacts can be called to pick up my child (and any siblings).
 - If a parent cannot be contacted in a medical emergency, the program director has my permission to call an ambulance and accompany my child to the emergency room of the nearest hospital/urgent care. Additionally, I hereby authorize medical staff to provide treatment, when a physician deems necessary for the well-being of my child.
- NOTE: If a child has an epi-pen, a parent must sign a letter granting permission for the child to carry/self-administer the epi-pen. The epi-pen must be in the original container and/or box (with prescription information, including child’s name, name of prescriber, and expiration date.)*
- Yes, my child has an epi-pen, and I will attach a letter of authorization to carry/self-administer this life-saving medication.

I have read the above Diocese, Pick-Up, and Medical statements. Signature: _____ Date: _____

Office Use Only			
Date Registered: _____	Amount: _____	Payment Type: _____	PIF: _____ Bal: _____
PDS: _____		Access: _____ MCFD: _____	
Volunteer: _____		HT Curriculum Used: _____	