

CHURCH OF THE PRESENTATION

JR. HIGH – 7TH & 8TH GRADES
Registration for Catechetical Year 2018-2019
Religious Education Office 209-320-5716

SACRAMENTS:

- Reconciliation
 - Eucharist
- Confirmation
 - CYO Only

Today's Date: _____

(Sessions - Monday 6-7:15pm, beginning September 10, 2018; Parent Orientation)

New Student to the Religious Education Program? or **Returning student from last year?**

Youth's Name (Last): _____ (First) _____ (MI): _____ Male / Female

Home Address: _____

City State, and Zip Code: _____

Home Phone Number: _____ Youth's Birth Date: _____ Age: _____

School Grade in **September 2017**: _____ School Attending: _____

Is Family registered with Presentation Parish: Yes/No Family Name: _____

Registered Parish: _____ Attending Parish: _____

Family Email: _____

YOUTH'S SACRAMENT INFORMATION

Has your child already received any of their Sacraments?

Baptized? Yes or No Date: _____

If yes, name of Church where Sacrament was received: _____

If yes, a copy of the Certificate is required. Certificate received? yes _____ no _____

First Reconciliation (Confession)? Yes or No Date: _____

If yes, name of Church where Sacrament was received: _____

First Eucharist (Communion)? Yes or No Date: _____

If yes, name of Church where Sacrament was received: _____

If yes, a copy of the Certificate is required. Certificate received? yes _____ no _____

Confirmation? Yes or No Date: _____

If yes, name of Church where Sacrament was received: _____

If yes, a copy of the Certificate is required. Certificate received? yes _____ no _____

EMERGENCY CONTACT INFORMATION

Father's Name: _____ Contact Phone Number: _____

Mother's Name: _____ Contact Phone Number: _____

Alternate Emergency Contact Numbers-Outside the Home

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

EMERGENCY MEDICAL INFORMATION

I hereby authorize Presentation Church's Catechetical Ministry to obtain medical treatment for my child in case I cannot be reached.

Signature of Parent or Legal Guardian: _____

Please indicate any medical problems or learning disabilities (include food allergies of any type):

Name of Doctor: _____ Doctor's Phone: _____

PHOTOGRAPHY RELEASE STATEMENT

- I hereby give permission for my child _____ to be photographed and/or videotaped during *Religious Education* activities and events including the publishing of child's name. I understand that these photograph and/or videotape, and published name will only be used for publication on our Church Website and bulletin.

Name (PRINT) _____ (SIGN) _____

- I do NOT give permission for my child to be photographed and/or videotaped or to have child's name published in our Church Website and or bulletin during Religious Education activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times.

Name (PRINT) _____ (SIGN) _____

PARENT VOLUNTEER INFORMATION

Your support will help make this program successful. Please consider volunteering your time & talent.

I can volunteer in the Religious Education Program:

- Catechist** (Teacher) Grade and Day of Interest: _____
- Assist in classroom** (Aide) Grade and Day of Interest: _____
- Office help** (Clerk) Day and time available: _____

Annual Fees: \$80 per Child

2nd year Sacrament Preparation children (additional \$30.00 fee to be collected at time of registration).

FOR OFFICE USE ONLY

Payment Type:	PP	Check	Credit Card	Cash	Date Collected
Amount:					
Sac. Prep. Fee:					
Donation:					
Sacrament Information					
Baptism Certificate: <input type="checkbox"/> Attached <input type="checkbox"/> Needed			Volunteer Program: <input type="checkbox"/> Yes <input type="checkbox"/> Please Call		
Eucharist Certificate: <input type="checkbox"/> Attached <input type="checkbox"/> Needed			Notes:		
Confirmation Certificate: <input type="checkbox"/> Attached <input type="checkbox"/> Needed			Family Discount: <input type="checkbox"/> Yes/# Siblings: _____		