

CHURCH OF THE PRESENTATION

KINDERGARTEN

Registration for Catechetical Year 2018-2019

Religious Education Office 209-320-5716

Kindergarten
SUNDAYS ONLY
9:00 a.m. – 10:15 a.m.

Today's Date: _____

(Sessions begin the week of September 9, 2018; Parent Orientation)

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

Home Address: _____

City, State, and Zip Code: _____

Home Phone Number: _____ Birth Date: _____ Age: _____

Child's Grade in School in **September 2018**: _____ School Attending: _____

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

Registered Parish: _____ Attending Parish: _____

Family Email: _____

CHILD'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 Baptismal Certificate is required. Certificate received? yes _____ no _____

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

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

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

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

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

If yes, a copy of the Baptismal 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 my child's name. I understand that these photographs and/or videotape, and published name will only be used in our Church Website and bulletin.

Name (PRINT) _____ (SIGN) _____

- I do NOT give permission for my child to be photographed and/or videotaped during Religious Education activities and events, or have my child's name published in our Church Website and bulletin. ***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 available: _____

Annual Fees: \$80 per Child

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

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