

St. Maria Goretti

17102 Springmill Rd
Westfield, IN 46074
(317) 867-3213

Date Paid _____
Check # _____
Amount Pd _____
Sac Prep Fee _____

PARISH RELIGIOUS EDUCATION REGISTRATION 2009 - 2010 PRESCHOOL THROUGH GRADE 8

All families enrolled in Parish Religious Education **must** be **REGISTERED MEMBERS** of **St. Maria Goretti Parish**.

FEE: Please remit **\$60.00** per child at the time of registration. (Maximum per family...\$180.00)
AFTER August 15, 2009 the fee will be **\$70.00** (Maximum per family.. \$210.00)

Additional \$40.00 fee for 2nd Grade Class (Sacramental Prep) at time of Registration
Checks should be made payable to **St. Maria Goretti**

Please indicate your class preference by number. Classes are filled on a first come, first served basis.

#1 = first choice #2 = second choice #3 = third choice

SUNDAY 8:30-9:45AM _____ **11:30-12:45** _____ **OR** **MONDAY 4-5:15PM** _____

Please print:

Child's Name _____ boy () girl () _____
(Last) (First) (Nickname, if any)

Age(by 9/1/09) _____ Birthdate ___ / ___ / ___ Grade ___ during **2009-2010** School Name _____

Does this student have a learning, hearing, sight, health (eg. Diabetes or allergies) or **other type of problem** that a teacher should be aware of? _____

FAMILY NAME: _____
(LAST) (FATHER) (MOTHER)

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **UNLISTED?** Y N **Father's Work Phone** _____

Parent's E-Mail Address _____ **Mother's Work Phone** _____

Father's Cell Phone _____ **Mother's Cell Phone** _____

When sending mail, address to (choose one)

MR. /MRS. MR. MRS. MISS. MS. DR. /MRS. MR./ DR. DR. / DR.

Emergency Contact Person: _____ **Phone:** _____ **Relationship:** _____
(Other than parents)

All Sowers of Faith will be e-mailed, if you want a paper copy check here _____

OVER

CATHOLIC SACRAMENTS RECEIVED

BAPTISM date ____/____/____ Parish _____ City, State _____

1st RECONCILIATION date ____/____/____ Parish _____ City, State _____

1st COMMUNION date ____/____/____ Parish _____ City, State _____

Grades child attended a **Catholic Grade School**: K 1 2 3 4 5 6 7 none

Name of School _____ City _____ State _____

Grades child attended a **Catholic Parish Religious Education Program**: Preschool K 1 2 3 4 5 6 7 none

Name of Parish _____ City _____ State _____

Parent Volunteer Name(s): _____

Time: Sunday () 8:30-9:45AM () 11:30-12:45 OR Monday () 4-5:15 PM

Teach (Catechist) _____ Which Grade Level _____ Want to be a Substitute _____

The parish is blessed to have those who share their faith and teach PRE. As a thank you catechists do not have to pay the PRE registration fee for their child. The Sacramental fee is still required.

Office Help _____ Room Parent _____ Special Events _____ Social Justice Help _____

Hospitality _____ Communication _____ Prayer _____ PRE PTO Committee _____

Wherever Needed _____

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St. Maria Goretti PRE Media Release

We believe that both the child and the parish benefit from positive recognition. There may be an occasion for media coverage concerning your child throughout the school year. We ask for you permission to release this type of communication. This may include, but not be limited to newspapers, *The Catholic Moment*; the parent newsletter, *Sowers of Faith*; bulletin boards, St. Maria Goretti website, videos made throughout the school year, etc. Please check the box below indicating your choice.

Family Name: _____

Child's Name: _____

- Yes PRE has my permission to release PRE related communication involving my child to any media.
- No PRE does NOT have my permission to release PRE related communication involving my child to any media.

Parent/Guardian Signature: _____