

FAMILY LAST NAME:

**2020/2021 RELIGIOUS EDUCATION REGISTRATION FORM
CHURCH OF ST. PIUS X
Sue Mielke: suem@stpiusxglencoe.org**

Father's Full Name		Religion	
Mother's Full Name		Religion	
Mother's Maiden Name			
Address of Custodial Parent		Primary Phone	
City / State / Zip Code		Father's Cell Phone	
Father's Email Address		Mother's Cell Phone	
Mother's Email Address		Other Phone	
Non-Custodial Parent if applicable		Religion	
Address		Primary Phone	
City / State / Zip Code		Cell Phone	
Email Address		Other Phone	
Emergency Contact		Relationship	
Primary Phone		Other Phone	

Please indicate which Church you are registered member's of:

St Pius X	<input type="checkbox"/>	Holy Trinity	<input type="checkbox"/>	Holy Family	<input type="checkbox"/>	Other	<input type="checkbox"/>	Not Registered	<input type="checkbox"/>
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Student(s) to Register (First Middle Last)	Date of Birth	Age	Grade 2020/2021	Has this child been Baptized		Has this child received their First Reconciliation			Has this child received their First Communion			Has this child been Confirmed		
				Y	N	Y		N	Y		N	Y		N
1.				Y	N	Y		N	Y		N	Y		N
2.				Y	N	Y		N	Y		N	Y		N
3.				Y	N	Y		N	Y		N	Y		N
4.				Y	N	Y		N	Y		N	Y		N
5.				Y	N	Y		N	Y		N	Y		N

PLEASE SELECT:

I/we plan to have our child/children attend in-person class	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I/we plan to home school our child/children.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Do any of the children enrolled have chronic illnesses or physical limitations?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do any if the children have any type of learning difficulty?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do any of the children attend Special Education classes in the Public School?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If **YES** to any of these questions, please give the **NAME** of the **CHILD** and any information we need and how we can help:

If you are new to our program, please indicate level of prior Religious Education Training and any other information you feel would help us in working with your child/children:

REGISTRATION FEES

(Additional Fees may be collected for Retreats, Rallies and/or Field Tripp's as necessary)

FEE	AMOUNT	# OF STUDENTS	TOTAL
In Person Basic Registration Fee	\$50.00 per Student		\$
Homeschool Registration Fee - GRADES 1-6	\$30.00 per Student		\$
Homeschool Registration Fee - GRADES 7-10	\$40.00 per Student		\$
Reconciliation & First Communion Sacramental Fee Grade 2 or higher	\$20.00 per Student		\$
Confirmation Sacramental Fee	\$10.00 per Student		\$
Bible Fee (<i>Bible are required for Grades 5 and up</i>)	\$15.00 per Student		\$
Total Due:			\$
Outstanding:			\$

Parent / Legal Guardian Permission Form

*My child/children have permission to be involved in the Religious Education Programs at **St. Pius X** Parish under the direction of its leadership.*

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for Emergency Medical or Surgical Treatment.

I will be notified as soon as possible to any emergency concerning my child or children.

I also remain legally responsible for any actions taken by my child or children and will be liable for any damage caused by them.

Parent / Guardian Signature

Date

INTERNAL USE ONLY

Plans for Future Payment or Scholarship	Date Paid	Cash / Check #