**St. John the Apostle Parish, Milford, DE  St. Bernadette, Harrington, DE**

**Registered Member of St. John Yes\_\_\_or No\_\_\_\_Registered Member of St. Bernadette Yes\_\_\_or No\_\_\_\_**

**Religious Education Registration 2024-2025**

Fee’s:

**(** Remind Text message Send a text to 81010 and text message @de89k3 To receive text messages about Religious Education.)

Family’s last name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Brothers and sisters in the program:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fees:

Regular religious education fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacrament fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_/\_\_\_\_/\_\_ Grade \_\_\_\_

**Verification of Baptism**: on file:\_\_\_\_is attached \_\_\_ will be submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This child received the Sacrament of: Reconciliation yes\_\_ no\_\_ Communion yes\_\_ no\_\_ Confirmation yes \_\_ no\_\_

**Father:** (Last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother:**(Last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Maiden name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                      Street--and Apartment number

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please print carefully so that we can have correct phone numbers)**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell  (mother)  \_\_\_\_\_\_\_\_\_\_\_\_\_Cell (father) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Email is important for contact. Please print clearly.***

**Attendance** records are part of the child’s permanent Diocesan record. Diocesan policy 5112.1 states: “Any child or youth should participate in at least thirty (30) hours of formal religious education each year.” **An average attendance of 75% or greater is required.** Initials of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Materials Fee**:

All Grades: 1 child, $70; 2 children, $80; 3 children, $90; 4 or more children, $100

Sacrament fee: $30.00 per sacrament (10% off if paid before June 30, 2022)

**Special Needs** **(It is very important that we make catechists aware of each child’s needs.** Information about special needs is strictly confidential. It is given only to the child’s catechist and, possibly, the pastor.**)**

My child does\_\_\_ does not\_\_\_ have a special physical, emotional, or educational need.

*If your child does have one or more special need, please attach a page that contains your child’s name and a description of your child's need(s).*

**Photos** I give permission for my child(ren)’s photos to be used in Newsletters, Parish Bulletin, Parish Website, etc.   Yes \_\_\_\_\_ No\_\_\_\_\_

**Dropping Off and Picking Up Children**

Children in grades Pre-K to 4 must be dropped off in their classrooms no more than five minutes before the beginning of a RE session and not more than 20 minutes after their RE session begins. They must be picked up promptly at the end of the RE session, by a person designated by the parent/guardian.

Only the following person/people **have permission to pick up** my child(ren).  *(List yourself first. Attach additional pages if necessary.)*

 Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name of Parent or Legal Guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Name of Parent or Legal Guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_