



St. Rose Philippine Duchesne

2825 W. Rose Canyon Circle

Anthem, AZ 85086

623-465-9740

www.stroseanthem.com

Religious Education Registration

Please complete the attached forms:

Family Registration, Release and Permission, and Medical Information forms

and return them to the Parish Office. Please read each form carefully, and fill them out completely and neatly.

In order for your registration to be complete, your family must be registered at St. Rose Parish and the following items must accompany these forms:

1. A completed Parish Registration form **IF** you are not registered,
2. A copy of the Baptismal certificate of each child if not previously submitted,
3. Associated fees (cash, check, credit card accepted) - see FEE schedule below

Class Fee Schedule

1. Fees for Children, Youth and Teen (**EARLY REGISTRATION**)
\$70 per student/\$180 Family Max (3 or more children)
2. Fees for Children, Youth and Teen (**beginning July 1st**)
\$85 per student/\$220 Family Max (3 or more children)
3. Retreat Fees: \$50 per student

****Please note that all registrations are due by Aug. 15th as teacher and classroom assignments will have been made. For forms submitted past Aug. 15th, please be prepared to be placed in a classroom with available openings. Registering on time will be of benefit to all!**

St. Rose Philippine Duchesne Religious Education Registration 2016-17

PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION

Parent/Legal Guardian Last Name _____

Parents/Guardian

Mother's Name: _____ Father's Name: _____

Address: _____ Address: (if different) _____

City/Zip Code: _____ City/Zip Code: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Email: _____ Father's Email: _____

Please check one of the following: I am a registered Parishioner at St. Rose I am a new Parishioner & need to register
 Received RE Handbook

Please choose one RE Program:

Children (PS to 5th grade): Wed., 4:15pm – 5:30pm **Thurs.**, 6:00pm – 7:15pm

Youth (Grades 6-8): Mon. @ 6:30pm **Teens (Grades 9-12):** Sun. @ 6:30pm

Student First and Last Name	Grade Fall 2016	Number of Years in RE	Sacraments Already Received (Mark with X)				2016-17 Sacrament Preparation (If Applicable)
			Baptism	Reconciliation	First Eucharist	Confirmation	

RE Program Fees (Early Registration)

_____ \$ 70 per child x _____
 _____ \$180 3+ children

RE Program Fees (beginning July 1st)

_____ \$ 85 per child x _____
 _____ \$220 3+ children

Sacrament Retreat Fees:

_____ \$ 50 per Student x _____
 _____ **Total Fees Due**

** Accepted forms of payment:
 CC/Cash/Check
 Payment options available upon request.

Custodial Information: Who has custody? Mother Father Both

Where correspondence should be sent? Mother Father Both

I understand no Faith Formation Program can be successful without volunteers. I am willing to assist the RE Program as a: (Please check your choice(s))

Catechist (Teacher) Classroom Aide Retreat/ Special Event Helper
 Youth/Teen CORE Team Children's Liturgy of the Word Vacation Bible School

For Parish Office Use Only:

Total Fees Due: \$ _____ Less Payment: \$ _____ = Bal. Due: \$ _____

CC Cash Ck# _____ CR# _____
 A/R _____ CI _____ SAC _____

Received by: _____ Date: _____

(COMPLETE OTHER SIDE)

St. Rose Philippine Duchesne Release & Permission

I, _____ (Parent Name), request that my **child (ren)** _____

_____ be allowed to participate in the Catechetical Ministries Program at St. Rose Parish. This program will take place under the guidance and direction of parish employees and/or volunteers from St. Rose Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named child. I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assignees, to hold harmless and defend St. Rose Parish, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese

Medical Release: _____ (Parent Initials)

In the event of an illness, I request that a designated agent of St. Rose Parish obtain medical treatment on my behalf for my child. I will not hold St. Rose Parish, the Diocese of Phoenix, the teachers, church employees, chaperones, or volunteers responsible for any accident or injury.

Photo Release: _____ Approve (Parent Initials) or _____ Deny (Parent Initials)

I authorize that appropriate pictures of my child (ren) may be taken during activities. I hereby grant the use of and release to the Catholic Diocese of Phoenix and St. Rose Parish the use of my child (ren)'s name or likeness, whether in still, motion pictures, audio and video tape, my child (ren)'s photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media. These items may be used without limitation or reservation of any fee.

Behavior Agreement: _____ (Parent Initials)

I agree that the child(ren) named for registration will dress and act with respect; will use no verbal or physical abuse of self or others; will not have in their possession at any time alcohol, drugs, non-prescription drugs, or tobacco of any kind; will be responsible for their own belongings. I have spoken with my child (ren) and he/she has agreed to follow the guidelines set above.

REMINDERS:

1. Sacramental Policy of the Diocese of Phoenix –

Sacrament preparation must coincide with regular weekly attendance in the parish Religious Education classes or attendance in a Catholic School. Worship within the Parish community is assumed.

2. Elementary Religious Education Class Placement and Class Changes Policy -

Every effort is made to accommodate our families on class choice and time. Classroom placement is on a first come basis. Any requests for a change must be addressed through the Religious Education Department.

By signing below I authorize that a copy of this form may be kept at St. Rose Parish and used in case of emergency

Mother/Father/Legal Guardian*

Date

* If in a shared custody situation, please provide documentation of custodial agreement.

**St. Rose Philippine Duchesne
Medical Information Sheet
2016-17**

PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION

Parent/Legal Guardian Last Name _____

Parents/Guardian

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Street Address: _____ City: _____ Zip: _____

E-mail: _____

Emergency Contact: (other than Parents)

Name: _____ Phone Number: _____ Relation : _____

Family Insurance Information (Please Print neatly & completely)

Insurance Carrier Name: _____ Policy Number : _____

Group Number : _____ Insurance Contact Number: _____

Child's First & Last Name	Date of Birth	Age	Grade

Does your child have any special dietary needs? Yes _____ No _____

If yes, please explain: _____

List all prescription medication this child is taking: _____

Child's First & Last Name	Date of Birth	Age	Grade

Does your child have any special dietary needs? Yes _____ No _____

If yes, please explain: _____

List all prescription medication this child is taking: _____

Child's First & Last Name	Date of Birth	Age	Grade

Does your child have any special dietary needs? Yes _____ No _____

If yes, please explain: _____

List all prescription medication this child is taking: _____

Child's First & Last Name	Date of Birth	Age	Grade

Does your child have any special dietary needs? Yes _____ No _____

If yes, please explain: _____

List all prescription medication this child is taking: _____

In the event of a medical emergency, I hereby authorize those in charge to take my child to the nearest licensed physician, medical center or hospital, and to secure necessary treatment, (medications, injections, anesthesia or surgery) to protect my child's well-being. I will be responsible for all medical costs not covered by my insurance.

Parent or Guardian Signature: _____ Date: _____