



## St. Rose Philippine Duchesne

2825 W. Rose Canyon Circle

Anthem, AZ 85086

623-465-9740

[www.stroseanthem.com](http://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)  
**\*\*Must be paid by July 7<sup>th</sup>\*\***
2. Fees for Children, Youth and Teen (**beginning July 7<sup>th</sup>**)  
\$85 per student/\$220 Family Max (3 or more children)
3. Retreat Fees: \$50 per student  
**\*\*Must be paid prior to retreat\*\***

**\*\*Please note that all registrations are due by Aug. 1<sup>st</sup> as teacher and classroom assignments will have been made. For forms submitted past Aug. 1<sup>st</sup>, 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  
2017 - 18**

**PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION**

**FAMILY LAST NAME(S) ONLY** \_\_\_\_\_

**Parents/Guardian**

Mother's Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email \_\_\_\_\_

Address (if different) \_\_\_\_\_ City/Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check one of the following:**  I am a registered Parishioner @ St. Rose  I am a new Parishioner & need to register

**Please choose one RE Program:**

**Children (PS to 5<sup>th</sup> grade)**

Wed., 4:30pm – 5:45pm \_\_\_\_\_

Sun., 9:00am – 10:15am \_\_\_\_\_

**Youth (Grades 6-8)**

Mon. @ 6:30pm \_\_\_\_\_

**Teens (Grades 9-12)**

Sun. @ 6:30pm \_\_\_\_\_

Student <b>First</b> and <b>Last Name</b>	Grade Fall 2017	Number of Years in RE	Sacraments Already Received (Mark with X)				2017-18 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 7<sup>th</sup>)**

\_\_\_\_\_ \$ 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, 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

**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 to 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 parish. 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, and 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  
2017-18**

**PLEASE PRINT NEATLY WHEN FILLING OUT THE REQUESTED INFORMATION**

**FAMILY LAST NAME(S) ONLY** \_\_\_\_\_

**Parents/Guardian**

Mother's Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact (other than Parents)**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Child's First & Last Name	Date of Birth	Age	Grade – Fall of 2017

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 – Fall of 2017

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 – Fall of 2017

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 – Fall of 2017

Does your child have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List all prescription medication this child is taking: \_\_\_\_\_

**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.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_