

RELIGIOUS EDUCATION REGISTRATION FOR 2008-2009

PLEASE BE SURE YOU COMPLETE ALL INFORMATION REQUESTED ON BOTH SIDES OF THE FORM.

SIGN AND DATE ON SIDE -2- BEFORE RETURNING THIS FORM!

NOTE: COMPLETION OF THIS FORM **DOES NOT** REGISTER YOUR CHILD FOR SACRAMENTAL PREPARATION!

Please print or type all information.

Family Name _____ Mother _____ Father _____

Emergency Phone # (other than home) _____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Work _____ E-mail _____

FOR OFFICE USE ONLY
DATE: _____
AMT. _____
CK.# _____
BY: _____

Subsidy: _____
Total: _____

Fees: Register before June 30th and receive an early bird discount of \$25.00 per family.

Make checks payable to "Church of the Resurrection."

Before June 30th: Single Child \$75.00; Two Children \$135.00; Three or more Children \$185.00

After June 30th: Single Child \$100.00; Two Children \$160.00; Three or more Children \$210.00

Registrations received after August 15 will not be processed in time for the first class and will be an absence for returning students.

For Office Use Only - Attendance 2007- 2008

Select the program of your choice: Traditional Classroom Program _____ or Family Program _____



Indicate session preference for K-5 children in the traditional program by listing a 1st, 2nd and 3rd choice. Kindergarten through grade 5 classes meet in the classrooms of Resurrection/St. Paul School weekly except where indicated on the calendar, for a total of 18 weeks in two semesters. Classes will be 1-1/2 hours in length.

If you selected the family program list the names and birthdates of all K-8 children. No session selection is necessary.

CHILDREN IN K - 5TH

Name (Last, First)	Gender M/F	Birthdate	Grade in 2008-09	Sunday A 4:00-5:30pm	Sunday B 6:00-7:30pm	Monday 6:00-7:30pm
1.						
2.						
3.						
4.						

MIDDLE SCHOOL registration and additional information can be found on the back of this form.

The middle school classes will meet on either 15 Sundays or Mondays for 2 hours. Students must select one session per trimester. **If possible, please select the same session for the three trimesters.** See enclosed calendar for specific dates. **Indicate preference (1st, 2nd, 3rd choice) for each trimester.**

CHILDREN IN 6TH - 8TH

Name (Last, First)	Gender M/F	Birthdate	Grade in 2008- 09	1 st Trimester			2 nd Trimester			3 rd Trimester		
				<u>Sun A</u> 1pm-3pm	<u>Sun B</u> 6pm-8pm	<u>Mon</u> 6pm-8pm	<u>Sun A</u> 1pm-3pm	<u>Sun B</u> 6pm-8pm	<u>Mon</u> 6pm-8pm	<u>Sun A</u> 1pm-3pm	<u>Sun B</u> 6pm-8pm	<u>Mon</u> 6pm-8pm
1.												
2.												
3.												
4.												

By registering my child(ren) in the Resurrection Religious Education Program, I understand that:

- Completed registration forms will be processed in the order in which they are received.
- Children may attend only the class and session to which they have been assigned.
- Classes begin promptly at the designated time and attendance is required for the entire length of class in order to be credited with attendance.
- The accumulation of more than **4 absences**, lateness, or early dismissals render the year of Religious Education incomplete. (**3 absences** for the MS Sunday/Monday sessions.) If absences accumulate beyond four (three for MS), the child may be allowed to make up lessons missed as determined by the DRE.
- Children are to be picked up **inside** the church hall/multi-purpose rooms promptly at dismissal time. Children are not allowed to leave the hall without an adult.
- The Benzinger Family Life Series is part of the Religious Education curriculum for grades 1-7 in the Traditional Program and for grades 1-8 in the Family Program. In the Traditional Program, the 8th grade family component will be covered by “Christian Morality” from The Catholic Faith Handbook for Youth. Parents are invited to review Textbooks in November. For earlier review please call Kate Kleintank at 410-461-9111, Ext. 222.

DO(ES) YOUR CHILD(REN) LISTED ON THIS FORM HAVE PERMISSION TO ATTEND THE FAMILY LIFE CLASSES WHICH ARE PART OF THE RELIGIOUS EDUCATION CURRICULUM? YES___ NO___

Health information: (allergies, learning disabilities, ADD/ADHD, special health info.) _____

Date _____ Signature _____