

St. John Paul II Catholic Church

2017-2018 Religious Education Registration

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Grade & School: _____

Known allergies (including food): _____

Mother's Name: _____ Cell phone number: _____

Father's Name: _____ Cell phone number: _____

Mailing Address: _____

City, State & Zip: _____

Parents' email address: _____

Circle Sacraments *already* received: Baptism Reconciliation Eucharist Confirmation

In Case of an Emergency:

Emergency Contact: (will only be used if parents cannot be reached)

Name: _____ Relationship: _____ Phone: _____

Special Needs Information:

Our parish strives to provide religious education for all children. Since we rely on volunteers who may not have professional training, we ask that you provide us with information regarding your child's special needs so that we can better understand how to serve your child. Please list any conditions affecting your child and describe any special assistance that he or she may need. It may also be helpful for you to describe the accommodations your child receives at school. Thank you!

Conditions: _____

Accommodations: _____

Permission & Release:

As a parent guardian of the above named child, I hereby release St. John Paul II Parish, the Archdiocese of Indianapolis, parish staffs and/or volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or sickness. The adults in charge have my permission to secure medical attention for my child. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all responsibility for transportation.

Parent/Guardian Signature: _____ **Date:** _____

Do you grant permission for St. John Paul II Parish to use photos of your child for parish craft projects, emails, and website/newsletter information only?

___ Yes

___ No



Please list any other concerns about your child that you would like to share below:

We need your help at Religious Education this year:

Please circle the age group or groups you would like to work with as well as any ways in which you are able to help. Kristina will contact you for scheduling. Thank you!

Age Groups: K&1 2 3&4 5&6 7&8 9-12

Ways to Help:

Bring/make snacks for a special occasion

Listen to children recite their prayers

Help with a class craft

Share about a ministry you are involved in with a class

Which ministry? _____

Catechist

Classroom Helper

Catechist Substitute

Adorer during Adoration in SP Chapel

Hall Monitor (all ages)

Other gift you would like to share _____

****Please include your payment of \$30 cash/check when registering your child.****

Office Use Only:

Class: _____ **Contact About:** _____

Payment Type: _____ **Payment Date:** _____



**ST. JOHN PAUL II
CATHOLIC CHURCH**

www.stjohnpaulparish.org

