

St. Francis by the Sea Parish
Religious Education Registration 2009-2010
 45 Beach City Road, Hilton Head Island, SC 29926

Family: (Last name) _____

Parents names _____

Address _____

City state, zip _____

M. Maiden: _____

Custodial Parent, if different from above: _____

Date: _____

Home Phone: _____

Mom/Dad Work: M _____ **D** _____

Emergency Phone: _____

Email: _____

School: _____

Both Parents Catholic? Y N _____

Child	Birthdate	Gender	Grade	Session	Sacr. Program?
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Sacrament and Date	: Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Gender	Grade	Session	Sacr. Program?
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Sacrament and Date	: Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Gender	Grade	Session	Sacr. Program?
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Sacrament and Date	: Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
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Sacrament and Date	: Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special needs: medical, learning disabilities, physical disabilities: _____

2009-2010 TUITION & REGISTRATION FEES
 \$40 for one child, \$60 for two children, \$75 for 3 or more
 8th Grade Program Fee: \$25.00 (to cover the cost of Family Honor Program, and retreat)

Tuition due \$ _____ Tuition Pd: \$ _____ Signature _____

SAFE ENVIRONMENT PROGRAM

I give St. Francis by the Sea Catholic Church permission to cover my child on the annual Protecting God's Children Teaching Touching Safety Program. This program is offered to children grades K thru 12.

Yes _____ No _____

If no, list the name(s) of the child you are opting out of the coverage. _____

Signature of Parent: _____

We rely on volunteers to run the Religious Education program. Parents, as the number one teacher of their children are asked to assist the parish with the RE program. Please check which area(s) you can assist.

_____ Teacher _____ Aide Substitute _____

_____ Hall Monitor _____ Annual Christmas Party

_____ Special Projects _____ Confirmation Retreats & Group Projects

If we do not have a teacher and an aide for a specific grade, the class cannot be offered until we have both a teacher and aide.

PHOTOGRAPH/ PRESS RELEASE:

I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various parish activities for the purpose of illustrations, publications and websites.

- I hereby authorize and give full consent to St. Francis by the Sea Parish to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears.
- I do not consent to the photographs, videos, written extractions, and voice recording release