

ST. FRANCIS OF ASSISI RELIGIOUS EDUCATION REGISTRATION

(INSCRIPCION DE EDUCACION RELIGIOSA)

2021-2022

Parish Registration is REQUIRED for participation in the RE Program. Forms can be obtained in the church, parish office, or on our webpage: *www.stfrncis.org* (Se requiere que este inscrito en la parroquia para poder participar en el programa de educacion religiosa . Puede obtener los formularios en el iglesia, en la oficina o en nuestra pagina de internet.)

PLEASE PRINT NEATLY (Por favor use letra legible)

DATE (Fecha) _____

Parents' Names/ nombre de los Padres _____

Child's/Children's last name if different/Apellido del nino, si es diferente _____

Address/Direccion _____

City/Ciudad _____ Zip/Codigo Postal _____ Mom's Phone/Telefono de la Madre _____

Email/Correo Electronico _____ Dad's Phone/Telefono del Padre _____

Emergency Contact if above cannot be reached/ _____ Phone/Telefono _____

List ALL Children you are enrolling in Religious Education Program

Nombre de todos los ninos que esta inscribiendo en el Programa

CHECK SACRAMENTS ALREADY RECEIVED

SACRAMENTOS RECIBIDOS

<u>First Name</u> Nombre	<u>Grade</u> Grado As of 9/20/21	<u>Baptism</u> Bautismo	<u>Reconciliation</u> Reconciliacion	<u>Eucharist</u> Eucarista	<u>Confirmation</u> Confirmacion	<u>Birthday</u> Fecha deNacimiento	<u>Allergy/Special Instructions</u> Alergia/instrucciones especiales

_____ My child/children were enrolled in RE classes last year at St. Francis of Assisi (Mi nino/os estaban inscritos en el catecismo el ano pasad

_____ My child/children were enrolled last year at _____ Parish (Mis ninos estaban inscritos el ano pasado en la iglesia.....(nombre de la iglesia)

_____ My child/children were not enrolled in religious education classes last year. (mis ninos no estaban inscritos en el catecismo el ano pasado)

It is the Diocese's mandate that each child be enrolled in a religious education program *two years* prior to First Eucharist and *two years* prior to Confirmation. (La Diocesis manda que cada nino este inscrito en el programa de educacion religiosa dos ano antes de recibir la Primera Comunion y dos anos antes de la Confirmacion.)

RELIGIOUS EDUCATION CLASS SESSIONS

- Sunday 9:30AM – 10:45AM
- Thursday 5:00PM-6:15PM

- Request Homeschooling

**** Sacramental Prep Yr 1 - Sunday only**
**** Sacramental Prep Yr 2 – Sunday only**
****Teen Sacramental Prep (Gr 9-12) – Sunday only**

***** Parents' language preference:** _____

Allergies/Medical Conditions: _____

Special Needs: _____

**** Please state any accommodations your child will need: e.g. Reg. classroom setting or own Catechist**

The Arlington Diocese mandates that a Chastity Lesson be taught in RE each school year.

Please choose from the two options below:

_____ **I give permission for participation in the Chastity Lesson for this school year**

_____ **I do not give permission for the Chastity Lesson.**

FEES

No. of Children

Fee

***** Fees are waived for Catechists & Co-Catechists**

_____ **1 \$110**

_____ **2 \$160**

_____ **3+ \$210**

***** Late Fee: \$25. After September 19th & 23rd**

Sacramental Prep Fees:

_____ **Eucharist \$30 (generally 2nd Gr)**

_____ **Confirmation \$75 (generally 7th Gr)**

_____ **TOTAL DUE**

***** Registration is not complete without payment of fees in full. If you are unable to pay the above fees, please make an appointment with Francia Salguero, Director of Francis House at 703-221-6344. All information will be kept confidential.**

Parent Signature _____ **Date** _____

PARENT HANDBOOK

PARENT HANDBOOK: By signing this page, I acknowledge I have **read in its entirety**, the Religious Education Parent Handbook. I further acknowledge that I understand and agree to follow the policies set forth in this handbook, and that I understand what is expected of me as a parent/guardian.

Initials: _____

LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give my permission for my child (ren) named below to be given emergency treatment to include first aid and/or CPR by a trained and qualified staff member or the local rescue unit. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable to safeguard my child's health in the event I cannot be contacted. I waive my right of informed consent to such treatment should an accident and/or illness require immediate medical attention. I acknowledge it is my responsibility to keep this medical emergency information and all other information concerning my child(ren) current throughout my child's enrollment in the Religious Education Program. I authorize the sharing of necessary information included in this document with staff that need to know how to provide a safe and healthy environment for my child (ren). The undersigned accepts all financial responsibility for any and all care/services rendered and indemnifies Saint Francis of Assisi Parish therefore. Further, the undersigned releases Saint Francis of Assisi Parish from any and all liability arising out of any act or omission hereunder.

Initials: _____

NON DISCRIMINATION STATEMENT

The registration policy of Saint Francis of Assisi Parish Religious Education does not discriminate based on a child's race, color, religion, sex, national or ethnic origin.

Initials: _____

PERMISSION TO PARTICIPATE IN PARISH ACTIVITIES

I hereby give permission for my child to use all the play equipment and participate in all the activities of the parish.

Initials: _____

CONFIRMATION SIGNATURE

I acknowledge by signing below that I am the legal parent/guardian of the child (ren) named below and to the best of my knowledge the information in this Saint Francis Religious Education registration form is accurate and complete.

Child (ren)'s Name (print please):

Parent/Guardian Name (print please):

Legal Signature:

Date: