

THE CHURCH OF ST. MARK RELIGIOUS EDUCATION REGISTRATION 2009 - 2010

812 Reckord Road, Fallston, Maryland 21047

410-879-1706 E-mail stmarkreled@aol.com – fax 410-877-3502

Family Last Name _____ Home Phone _____

Address _____ Zip _____ Cell Phone _____

E-Mail Address: _____

Father's name _____ Work phone _____ Religion _____

Mother's name _____ (maiden) _____ Work phone _____ Religion _____

Separated or divorced? Yes ___ No ___ Does one parent have physical custody? Yes ___ No ___ If yes, which parent? _____

Please list all children who will be attending Religious Education classes or Home Study. **Please include a Baptismal certificate (copy) for any child new to the program.**

1. **Child's name** [Last, first, middle] _____ Birthdate _____

Entering grade _____ in Sept., 2009 at [School] _____

2. **Child's name** [Last, first, middle] _____ Birthdate _____

Entering grade _____ in Sept., 2009 at [School] _____

3. **Child's name** [Last, first, middle] _____ Birthdate _____

Entering grade _____ in Sept., 2009 at [School] _____

If you are registering more than 3 children please attach that information on another paper.

We welcome children with disabilities.

Class Preferences – Class sizes are limited and will be registered on a first received basis. Please check day and fill in grade for each child.

If that choice is filled, we will be in touch with you to choose another day.

Kindergarten _____

Monday 6:45PM – 8PM

Tuesday 6:45PM - 8PM

Wednesday 4:45PM - 6PM

5 year olds

Grades 6, 7 & 8

Grades 1 through 5

Grades 1 through 5

Sunday Mornings

Grade(s): _____

Grade(s): _____

Grade(s): _____

10:45AM – Noon

Please check here for **Home Study** _____ and indicate grade/s [Grade 1 through 8 only] _____

REGISTRATION DEADLINE IS AUGUST 17, 2009

NO changes can be made to registrations after September 4, 2009. Classes that don't have teachers will be placed on Family Home Study,

classes will be filled as registrations are received – "First Come/ First Served."

Any child registered after September 4th will be offered the Family Home Study program.

[over] **Please be sure to sign the back of this form where required*

Tuition Information

A tuition payment should accompany this registration form.

The cost should not deter anyone from registering their child/children. If this is a concern please call and we will make other arrangements.

Each family participating in the Religious Education program, whether in class or Home Study, will be assessed an administrative charge of \$100.00. In addition there is a materials fee of \$40. per child, maximum for 3 children. Therefore, the cost will be:

Families with 1 child - \$140. Families with 2 children - \$180. Families with 3 or more children - \$220.

****Please check here if you have a child enrolled in the Confirmation Program as the family fee is included in their registration and billed on the May 2009 statement and is not assessed again. Please adjust tuition to reflect the billing of the family fee.***

Check your preference: _____ one complete payment with registration OR _____ 3 installments with ½ payment with registration
Please fill in: \$ _____ Tuition payment enclosed with registration.

EMERGENCY and MEDICAL INFORMATION *This section must be completely filled out

Please provide a phone number where you can be reached should an emergency occur during class time if different from home, _____ . If you cannot be reached, list the name and phone number of someone you would authorize in such an emergency.

Name _____ Phone _____ Relation to child/children _____

Do your child/children have any allergies or chronic health conditions of which we should be aware? Are there any unique styles of learning which your child's catechist should be aware? **If none, please write "none". If so, please explain for each child** _____

ENCLOSED WITH THIS FORM IS A COPY OF THE ST. MARK RELIGIOUS EDUCATION POLICIES AND CURRICULUM GUIDELINES. AFTER REVIEWING, PLEASE SIGN BELOW ACCEPTING THEM FOR YOUR FAMILY. AT TIMES PHOTOS OF CHILDREN PARTICIPATING IN THE RELIGIOUS ED PROGRAMS MAY BE USED ON BULLETIN BOARDS AND ON THE WEB SITE. (CHILDREN WOULD NOT BE IDENTIFIED WITHOUT SPECIFIC WRITTEN CONSENT) IF YOU DON'T WANT YOUR CHILD PHOTOGRAPHED PLEASE NOTIFY THE OFFICE OF FAITH FORMATION IN WRITING WITH THIS REGISTRATION FORM.

PARENT(S) SIGNATURE : _____

Pick-up and Carpool Information: Please list the name of another person who may be picking up your child/ren during the year

Drivers Name: _____ Relationship: _____

VOLUNTEER INFORMATION

Each family is expected to volunteer with our parish in some way. If you are not involved in a Liturgical Ministry or in an Outreach Ministry, please consider helping out in one of the following capacities for Faith Formation:

_____ ***Classroom Teacher** [There is no tuition charge for teacher's child(ren)/ grandchild(ren)]

_____ ***Classroom Aide** [Helping one of the teachers in Grades K-8. *Classroom aides only pay materials fees for their child(ren)*]

_____ ***Substitute Teacher** [Lesson plans are provided.]

_____ ***Office Monitor** [Monitoring early dismissals light office work included]

_____ ***Hall Monitor** [Monitoring activity in downstairs hallway – boring, bring a book to read!]

_____ **Emergency Phone chain** [making calls from home to alert families of emergency closings or meeting reminders.]

Volunteer Name _____ Phone # _____ Cell/Work # _____