

**THE CHURCH OF ST. MARK RELIGIOUS EDUCATION REGISTRATION 2010 – 2011 Grades K through 8**

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Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's name \_\_\_\_\_ Religion: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's name \_\_\_\_\_ (maiden) \_\_\_\_\_ Religion: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Separated or divorced? Yes \_\_\_ No \_\_\_ Does one parent have physical custody? Yes \_\_\_ No \_\_\_ If yes, which parent? \_\_\_\_\_ Please list alternate address here: \_\_\_\_\_

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] \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female - Birthdate \_\_\_\_\_

Entering grade \_\_\_\_\_ in Sept., 2010 at [School] \_\_\_\_\_ Option for in class Human Sexuality & Child Protection Catechesis for this child  I grant permission **or**  I decline

2. Child's name [Last, first, middle] \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female - Birthdate \_\_\_\_\_

Entering grade \_\_\_\_\_ in Sept., 2010 at [School] \_\_\_\_\_ Option for in class Human Sexuality & Child Protection Catechesis for this child  I grant permission **or**  I decline

3. Child's name [Last, first, middle] \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female - Birthdate \_\_\_\_\_

Entering grade \_\_\_\_\_ in Sept., 2010 at [School] \_\_\_\_\_ Option for in class Human Sexuality & Child Protection Catechesis for this child  I grant permission **or**  I decline

If you are registering more than 3 children please attach that information on another paper by . **We welcome children with disabilities.**

**Class Preferences – Class sizes are limited** and will be registered on a first received basis. Please check session requested and fill in grade(s). If your selection is filled you will be contacted by the Religious Education Secretary to choose another option.

Kindergarten _____	Monday 6PM –7:15PM	Tuesday Afternoon Session 4:45PM – 6PM	Tuesday Evening Session 6:45PM - 8PM	Wednesday Session 4:45PM - 6PM
5 year olds	Grades 6, 7 & 8	Grades 1 through 5	Grades 1 through 5	Grades 1 through 5
Sunday Mornings	Grade(s): _____	Grade(s): _____	Grade(s): _____	Grade(s): _____
10:45AM – Noon				

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

**REGISTRATION DEADLINE IS AUGUST 15, 2010**

**NO changes can be made to registrations after September 2, 2010. 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 2<sup>nd</sup> 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 \$110.00. In addition there is a materials fee of \$35. per child, with a maximum for 3 children. Therefore, the cost will be: **Families with 1 child - \$145. Families with 2 children - \$180. Families with 3 or more children - \$215.**

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

If you cannot be reached in the case of an emergency please list the name and phone number of someone you would authorize in such an emergency. Phone \_\_\_\_\_  
Name \_\_\_\_\_ 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 AND A MEMO DISCUSSING THE PROCEDURES FOR HUMAN SEXUALITY AND CHILD PROTECTION CATECHESIS. AFTER REVIEWING ALL INFORMATION, PLEASE SIGN BELOW ACCEPTING RECEIPT AND UNDERSTANDING OF THOSE DOCUMENTS. 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.



**Please check here and sign below to indicate that you have chosen an option for Human Sexuality and Child Protection Catechesis on the front of this form and that you have read and understand the Memorandum from the Archdiocese of Baltimore and The Church of St. Mark.**

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 phones with light office work included]
- \_\_\_\_\_ \*Hall Monitor [Monitoring activity in either upstairs or downstairs hallway –please bring a book to help pass the time!]
- \_\_\_\_\_ **Emergency Phone chain** [making calls from home to alert families of emergency closings or meeting reminders.]

Volunteer Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work # \_\_\_\_\_