

THE CHURCH OF ST. MARK RELIGIOUS EDUCATION REGISTRATION 2011 – 2012 Grades K through 8
 2407 Laurel Brook Rd, Fallston, Maryland 21047 410-879-1706 - E-mail reled@saintmarkfallston.org – FAX 410-877-3502

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., 2011 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., 2011 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., 2011 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.

Sunday Sessions Grades Kindergarten through 5

Class time: 10:00AM to 10:55AM

Grade(s): _____

Monday Grades 6, 7 & 8

Class time: 6:30PM to 8:00PM

Grade(s): _____

Wednesday Session Grades 1 through 5

Class time: 4:45PM to 6:00PM

Grade(s): _____

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

REGISTRATION DEADLINE IS AUGUST 14, 2011

NO changes can be made to registrations after September 2, 2011. 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 2nd 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** _____ \$50.00 with registration & balance broken into 2 additional payments

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***

A MEMO DISCUSSING THE PROCEDURES FOR HUMAN SEXUALITY AND CHILD PROTECTION CATECHESIS IS ENCLOSED WITH THIS REGISTRATION. POLICIES AND GUIDELINES ARE AVAILABLE ON THE PARISH WEBSITE WWW.SAINTMARKFALLSTON.ORG. 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 [Family Fee is waived for Catechists - Materials Fee is due for each child registered]
- _____ *Classroom Aide [Helping one of the teachers in Grades K-5. Family Fee is discounted by ½; \$55.00 per family plus Materials fee for each child]
- _____ *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 # _____