

Saint Columbkille Religious Formation

Registration Form 2011 – 2012

224 E 5 Street Papillion, NE 68046

(402) 339-0990

FAMILY INFORMATION

Last Name	Father's Name	Mother's Name
Home Address	City	Zip Code
Home Phone	E-mail Address	

The best way to contact me/us is: Home Phone _____ E-mail (shown above) _____ Other: _____

Custodial care is: Both Parents _____ Father _____ Mother _____ Other _____

Emergency Contact _____ Phone Number _____

Does your child/children have any special needs we should be aware of to better facilitate his/her needs? Yes _____ No _____

If yes, please explain _____

Consent to Contact Physician in an Emergency:

Doctor's Name _____ Phone Number _____

1. In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Columbkille Parish to contact the above physician and if necessary, transport my child to a clinic or hospital.
2. By registering my child/children I/we agree to abide by the policies of the St. Columbkille Religious Education Program as outlined in the Parent Handbook.

Parent/Guardian Signature

Date

Volunteer Information

Lead Catechist: Your children(s) registration fees are waived. Sacramental fees are due. (Confirmation, First Communion)

Catechist Aid: Your children(s) registration fees are reduced 50%. Sacramental fees are due. (Confirmation, First Communion)

Office Aid: Your children(s) registration fees are reduced 50%. Sacramental fees are due. (Confirmation, First Communion)

I am interested in volunteering my time to Saint Columbkille Religious Formation as a:

Lead Catechist ___ Catechist Aide ___: **Grade** ___ Mon 5:00 pm ___ Wed 5:00 pm ___ Wed 6:45 pm ___

Office Aide _____: Mon 5:00 pm _____ Wed 5:00 pm _____ Wed 6:45 pm _____

Name _____ Phone _____

Grades 1-8

DAY AND TIME SCHEDULE

Monday: 5:00 pm to 6:15 pm

OR

Wednesday: 5:00 pm to 6:15 pm **OR** 6:45 pm to 8:00 pm

(Please Note: Kindergarten meets Monday or Wednesday at 5:00 pm only)

Child's Name First & Last	Date of Birth	Male or Female	Grade in School 2011-12	Sacraments Received Yes/No		Day & Time Preference		Office Use Only
				Bapt.	1 st Comm	1 st Choice	2 nd Choice	
1.								
2.								
3.								
4.								
5.								

Registration Fee per Student

Registration: \$100.00/per student

Beginning August 1st: \$125.00

_____ X \$ _____ = \$ _____
 Number of Students Tuition Total

Total or partial payment due at the time of registration. No child will be refused if unable to pay the full amount of fees at the time of registration; a deferred payment plan is available. Please contact Judy Thome, Director of Religious Education jthome@saintcolumbkille.org or 339-0990 ext. 111.

Office Use Only:

Cash	Check Amount & Number	Balance	Date Received