

2017-2018 Registration Form

FAMILY INFORMATION

Last Name	Father's Name	Mother's Name	
Home Address	City	State	Zip Code
Phone(s)	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 Name/Relationship _____		Phone _____	
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 Transport in a Medical Emergency:

1. In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Columbkille Parish to transport my child to a clinic or hospital.

Parent Handbook

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 e-mailed with this registration form. The Parent Handbook can also be found on the website at [http://www.saintcolumbkille.org/education/formation/children.](http://www.saintcolumbkille.org/education/formation/children/)

Parent/Guardian Signature

Date

Volunteer Information

Lead Catechist: Your children(s) registration fees are waived. Sacramental fees need to be paid. (Confirmation, First Communion)

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

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

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

Lead Catechist _____ or Catechist Aide _____

Desired Grade Level: (K-8) _____ Day Preference: Mon 5:00 pm _____ **OR** Wed 5:45 pm _____

Name _____ E-mail _____ Phone _____

All volunteers must have current Safe Environment Training.

Grades K-8 DAY AND TIME SCHEDULE

Monday: 5:00 to 6:15 pm **OR** Wednesday: 5:45 to 7:00 pm

Please Note: There will be NO switching of class days once registration has been submitted.

Child's Name First & Last	Date of Birth	Male or Female	Grade in School 2017-18	Sacraments Received Yes/No		Day & Time Preference		Office Use Only
				Baptism	1st Comm	1st Choice	2nd Choice	
1.								
2.								
3.								
4.								
5.								

Registration Fee per Student

A \$20 minimum payment per student must accompany this registration form.

Registration: \$120.00/per student

March 20-August 11: \$120.00

August 14-August 25: \$145.00

NEW



No registrations will be accepted after August 25, 2017

$$\underline{\hspace{2cm}} \quad \text{Number of Students} \quad \times \quad \$ \underline{\hspace{2cm}} \quad \text{Tuition} \quad = \quad \$ \underline{\hspace{2cm}} \quad \text{Total}$$

Please make checks payable to St. Columbkille RE.

No child will be refused if unable to pay the full amount of fees at the time of registration.

If a payment plan is needed please talk to Lori Long, Director of Religious Education or
Judie O'Connor, Office Manager at 402.339.0990.

Registration begins March 20, 2017

Registration is on a first come, first served basis.

Register early. Class sizes are limited and will close when maximum is reached.

Office Use Only:

Check Amount & Number

Balance

Date Received