

**ST. JUDE THE APOSTLE RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM 2010-2011**

If you registered last year, some of the information needed below may be already filled in.  
Please review the information below, make corrections whenever necessary, add information if it is missing.

Today's Date: \_\_\_\_\_ Are you registered in the Parish (receiving envelopes?) \_\_\_\_\_

Send all mail to: \_\_\_\_\_ Family Name: \_\_\_\_\_  
( Mr. & Mrs.) (Mrs.) (Mr.) (Ms.)

Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME PH: \_\_\_\_\_  
(Unless you indicate differently, this will be the first number called for both routine and emergency calls)

Mother's Name: \_\_\_\_\_  
First \_\_\_\_\_ Maiden \_\_\_\_\_ (Last, if different from above)

Address (if different from Send All Mail To above) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single, Married, Divorced, Separated, Widowed, Remarried: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First \_\_\_\_\_ (Last, if different from above)

Address (if different from Send All Mail To above) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single, Married, Divorced, Separated, Widowed, Remarried: \_\_\_\_\_ Religion: \_\_\_\_\_

**Emergency Contact: If we are unable to reach you, please provide another contact:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Children's Information - (Please check information and add Session Letter from chart below)**

FIRST_NAME	LAST_NAME	MIDDLE_NAME	BIRTHDAY	GRADE	SESSION	SCHOOL ATTENDING
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please note** – NO HOME INSTRUCTION FOR STUDENTS IN 2<sup>nd</sup>, 3<sup>rd</sup>, 9<sup>th</sup> and 10<sup>th</sup> GRADES.  
- HOME SCHOOL IS NOT RECOMMENDED AT ANY GRADE LEVEL AND WILL BE CONSIDERED ON AN INDIVIDUAL BASIS.  
-BAPTISMAL CERTIFICATE REQUIRED FOR 1ST GRADE STUDENTS AND ALL NEW STUDENTS

Class Day	Class Times	Grades	Session Letter (use above)
Sunday	8:45 - 9:45	Grades 1 - 8	A
Sunday	10:45 - 11:45	Grades 1 - 8	B
Monday	6:00 pm - 7:00	Grades 1 - 8	C
Monday	7:15 pm - 8:15	Grades 1 - 8	D
Wednesday	6:00 pm - 7:15	Grades 9	E
Wednesday	7:30 pm - 8:45	Grades 10	F

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**Service Opportunities**

Please indicate in which area you would be willing to volunteer your

\_\_\_\_\_ (Teacher)    \_\_\_\_\_ (Substitute Teacher)    \_\_\_\_\_ (Assistant Teacher)    \_\_\_\_\_ (Special Events)    \_\_\_\_\_ (Monitor)  
\_\_\_\_\_ (Fund Raising)    \_\_\_\_\_ (Sacramental Preparation)

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**Emergency Authorization**

If a parent cannot be reached, religious education personnel are authorized in the name of the parent to obtain emergency ambulance service if necessary.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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**Medical Information**

Check box if there are NO medical or other limiting conditions for any child being registered.

If there are medical or other limiting conditions, then

List special needs/health and medication information (indicate which child or children this information applies):

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**Registration Fees**

Registration Fees (make check payable to St. Jude the Apostle Parish)

\$30.00 per child (Capped at \$75.00)	_____ Child(ren) x \$30.00 = _____	MAX \$75.00
\$30.00 per child (1st Penance )	_____ Child(ren) x \$30.00 = _____	
\$30.00 per child (1st Communion)	_____ Child(ren) x \$30.00 = _____	
\$30.00 per child (Confirmation)	_____ Child(ren) x \$30.00 = _____	
	Total _____	

For Office Use only

Teacher Credit \_\_\_\_\_ Other Credit \_\_\_\_\_

Date Paid \_\_\_\_\_,

Check # \_\_\_\_\_,    Cash \_\_\_\_\_    Amount Paid \_\_\_\_\_