



ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH
2010-2011 RELIGIOUS EDUCATION PROGRAM
Registration Form (Grades K thru 8th)

Is your family a registered member of St. Elizabeth? Yes No **FEES: \$35 per child (up to 3 children)**

| | | | | | | |
|----------------------------------|-----------------------------------------|--------------------------------|--------------------------------------------------------------------------------|----------------------|------------|--------------|
| Student's Last Name | | First & Middle Name | | Date of Birth | M/F | Grade |
| | | | | | | |
| Mailing Address | | | | City, Zip | | |
| | | | | | | |
| Email Address | | | | | | |
| | | | | | | |
| Mother's Cell # | Mother's Name (Including Maiden) | Father's Cell # | Father's Name | | | |
| () | | () | | | | |
| Other Siblings in Program | | | Persons, other than parents, who have permission to pick up your child: | | | |
| | | | | | | |

Mailing address above is for: Both Parents Mother Father Other Guardian _____
 Alternate Mailing Address (if needed): _____

HAS YOUR CHILD BEEN BAPTIZED? Yes No City/State of Baptism _____
 IF NO, PLEASE COMPLETE ADDITIONAL PAPERWORK FOR RCIA CLASS RCIA ADAPTED FOR CHILDREN Grade _____
Class meets Tuesday @ 6:30 p.m. and is for unbaptized children grades 2-12

CLASS SESSIONS: (check the preferred day & time)

- **K-1st Grade:** SUNDAY 8:15-9:25am 10:15-11:25am 12:15-1:25 pm
 TUESDAY 4:45-6pm 6:30-7:40 pm WEDNESDAY 4:45-6pm 6:30-7:40 pm
- **2nd-5th GRADE:** SUNDAY 8:15-9:25am 10:15-11:25am 12:15-1:25 pm
 TUESDAY 4:45-6pm 6:30-7:40 pm WEDNESDAY 4:45-6pm 6:30-7:40 pm
 My child needs to receive FIRST COMMUNION & FIRST RECONCILIATION (2nd grade & older)
- **6th -8th GRADE:** SUNDAY 10:15-11:25am 12:15-1:25 pm
 TUESDAY 4:45-6pm 6:30-7:40 pm WEDNESDAY 4:45-6pm 6:30-7:40 pm
- **BILINGUAL CLASSES FOR 1st-3rd**
 SUNDAY 12:15-1:25 pm TUESDAY 6:30-7:40 pm WEDNESDAY 6:30-7:40 pm
 TUESDAY 6:30-7:40 pm -- 3RD Grade Sacrament Preparation Class
- **K, 1st, 3rd-8th FAMILY CATECHESIS:** Are you new to the program? Yes No
{Sacrament Preparation is not offered through this program.}
Teaching is done at home and requires parents to meet 3 times per year for book check.

| MEDICAL RELEASE | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|-------------|
| I authorize a representative of St. Elizabeth Religious Education Program to consent medical treatment of the above named student in the event of an emergency. I, the undersigned, have read this Release and Consent of Medical Treatment and understand all of its terms and conditions. | | | |
| Insurance Carrier & Name of Insured | Cardholder's Date of Birth | Policy/Group # | ID # |
| | / / | | |
| Does your child have any Special Learning Needs, Dietary Needs or Allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If YES, please explain: | |
| Emergency Contact & Cell Number (other than parents listed above): | | | |
| Parent/Guardian Signature | | Date | |
| | | | |

FOR OFFICE USE: _____
 Registration Completed by (Initials) _____ / Date _____



ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH
2010-2011 RELIGIOUS EDUCATION PROGRAM
Registration Form (Grades K thru 8th)

Se encuentra Usted registrado en nuestra Parroquia? Si No **COSTO:\$35 por niño(a) (hasta tres niños).**

| | | | | | | |
|-------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------|------------------------------|-----|-------|
| Apellido del Alumno | | Nombre e Inicial de Segundo Nombre | | Fecha de Nacimiento | M/F | Grado |
| Dirección | | Ciudad/Estado | | | | |
| Celular madre | Nombre de la madre | | | | | |
| Celular padre | Nombre del padre | | Correo electrónico actual | | | |
| Favor de poner nombres de personas que tengan la autorización de recoger a su hijo/a, aparte de usted | | | | Hermanos (as) en el programa | | |

La dirección antes mencionada pertenece a: Ambos padres Madre Padre Otro guardián _____
 Alterne dirección de envío (si necesitado): _____

HAS YOUR CHILD BEEN BAPTIZED? Yes No Ciudad/Estado Bautizado _____
 IF NO, PLEASE COMPLETE ADDITIONAL PAPERWORK FOR RCIA CLASS

RCIA adaptado A NINO/A / Martes @ 6:30 p.m. (para los niños unbaptized grados 2da-12do)

PETICION DE CLASES

- **K-1° GRADO: DOMINGO** 8:15-9:25am 10:15-11:25am 12:15-1:25 pm
MARTES 4:45-6pm 6:30-7:40 pm **MIÉRCOLES** 4:45-6pm 6:30-7:40 pm
- **2° -5° GRADO: DOMINGO** 8:15-9:25am 10:15-11:25am 12:15-1:25 pm
MARTES 4:45-6pm 6:30-7:40 pm **MIÉRCOLES** 4:45-6pm 6:30-7:40 pm
 My child needs to receive PRIMERO COMUNIÓN & PRIMERO RECONCILIACIÓN (2nd grade & older)
- **6th -8th GRADO: DOMINGO** 10:15-11:25am 12:15-1:25 pm
MARTES 4:45-6pm 6:30-7:40 pm **MIÉRCOLES** 4:45-6pm 6:30-7:40 pm
- **CLASES BILINGUES 1st-3rd** DOMINGO 12:15-1:25 pm MARTES 6:30-7:40 pm MIÉRCOLES 6:30-7:40 pm
 MARTES 6:30-7:40 pm -- 3 Grade Sacrament Preparation Class
- **K, 1°, 3° -8° GRADO -- CLASES DE CATECISMO EN CASA** Su familia es nueva a este programa? Si No
{Sacrament Preparation is not offered through this program.}
Teaching is done at home and requires parents to meet 3 times per year for book check

INFORMACION MEDICA

Yo autorizo al representante del Programa de Educación Religiosa de la Parroquia de San Elizabeth para que permita la atención medica del alumno previamente mencionado en el registro en caso de que se suscite una emergencia. Yo, el que firma, he leído este formulario de Consentimiento para Atención Medica y entiendo sus limitaciones y condiciones.

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------|----------------------------------|
| NOMBRE DE ASEGURADORA: | Fecha de nacimiento de persona responsable: / / | Poliza / Grupo #: | ID #: |
| Requerimientos de enseñanza especiales Alergias o requerimientos nutricionales especiales? <input type="checkbox"/> Si <input type="checkbox"/> No | | Favor de explicar en caso de Si | |
| CONTACTOS EN CASO DE EMERGENCIA (other than parents listed above): | | Contacto de Emergencia (casa) | Contacto de Emergencia (celular) |
| FIRMA DE PADRE O GUARDIAN _____ | | Fecha _____ | |

FOR OFFICE USE:

_____ Registration Completed by (Initials) _____ / Date _____