

St. Clement Catholic Church
Religious Education Registration Form
Grades 1 - 8 / 2019 - 2020 / (586)752-6591

Date _____

YOUR Last Name _____

Home Phone _____

Address _____

City _____ Zip _____

Email Address _____

Envelope Number _____

YOUR First Name _____

Spouse's First Name _____

Religion _____

Religion _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

I have read the policies of the program and are committed to follow them.

Signature

Signature

Children's Name	Grade 2019-20	Birth Date	Check Sacraments Received			MON	MON	TUES	TUES
			Baptism	Eucharist	Reconciliation	4:30	6:30	4:30	6:30

Medical / Health Information

Does your child(ren) need specialized assistance in the classroom? Yes / No (circle one). If your child(ren) has/have medical or learning needs that would be important for your child's catechist to know about, please describe below (for example, does your child need to be seated closer to the front because of hearing or vision issues, other difficulties, epi-pen, allergies, etc.). Please give details per child.

Volunteer Information - I am willing to help by volunteering (circle all that apply): Catechist /Substitute
 Catechist / Office Help / Catechist Aide / General Help / Good News Gang Leader /VBS Leader / Hospitality

Payment Information

Family Fee \$ 100.00
 Book Fee (\$25.00 per child) _____
 First Communion/Reconciliation Sacrament Fee _____
 \$25.00 for Sacrament Prep _____
 Confirmation Sacrament Fee \$40.00 for all _____
 Retreats and Prep _____
 Total Charge _____

Office Use Only

Date Received _____
 Total Amount Paid _____
 Cash _____
 Check # _____