

St. Clement of Rome Catholic Church

Religious Education Registration Form

Grades 1-8 / 2021-2022 / (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 am committed to following them.

Signature

Signature

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Children's Name	Grade	Birth	Check Sacraments Received			MON	MON	TUES	TUES	SUMMER
	2021/22	Date	Baptism	Eucharist	Reconciliation	4:30	6:30	4:30	6:30	8th Gr.

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 / Sub-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 for Sacrament Preparation _____

Confirmation Sacrament Fee \$40 for Retreats/Prep _____

Total Charge _____

Office Use Only

Date Received _____

Total Amount Paid _____

Cash _____

Check # _____

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