

**ST. CLEMENT OF ROME
2022-23 RELIGIOUS EDUCATION REGISTRATION**

FAMILY EMAIL ADDRESS: _____
Print CLEARLY an email address that you use DAILY!

_____ FAMILLY LAST NAME

_____ Father's Full Name

_____ Mother's Full Name

_____ Address/ City/ Zip

_____ Father's Cell Phone

_____ Mother's Cell Phone

_____ Home Phone

Are you a registered parishioner of St. Clement of Rome: YES/NO If NO, what parish are you registered at? Parish name: _____

Were your child/ren registered in our program last year: YES/NO If NO, were they in another program? Parish name: _____

1ST- 7TH GRADES										
First and Last Name	Birthdate	Grade in Fall	Mon. 4:30 PM	Mon. 6:30 PM	Tues. 4:30 PM	Tues. 6:30 PM	Home Study	Baptism	Communion	Allergy/ Learning Disability
								Yes/No	Yes/No	
								Yes/No	Yes/No	
								Yes/No	Yes/No	
								Yes/No	Yes/No	
								Yes/No	Yes/No	
								Yes/No	Yes/No	

8TH GRADE										
First and Last Name	Birthdate	Grade in Fall	Mon. 4:30 PM	Mon. 6:30 PM	Tues. 4:30 PM	Tues. 6:30 PM	Summer Program	Baptism	Communion	Allergy/ Learning Disability
							June/July	Yes/No	Yes/No	
							June/July	Yes/No	Yes/No	

ADULT VOLUNTEERS (PARENTS, PLEASE CHECK OFF AN AREA THAT YOU WOULD BE ABLE TO ASSIST US.)						
Your Name	Monday Catechist	Monday Hall Monitor	Tuesday Catechist	Tuesday Hall Monitor	Call Me, As Needed	

WHO ELSE MAY WE RELEASE YOUR CHILD/REN TO?(other than parent): _____

EMERGENCY CONTACT PERSON (other than parent): _____

Home Phone: _____ Cell Phone _____

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PARTICIPATION AND PHOTO WAIVERS

As a parent/guardian of the child(ren) listed on this form, permission is hereby given for my child(ren) to participate in activities sponsored by St. Clement of Rome. I recognize that engaging in the activities at ST. CLEMENT OF ROME may expose my child(ren) to the possibility of physical injury and agree to hold ST. CLEMENT OF ROME harmless, as well as their employees, organizers, and any volunteers assisting in the programs, from liability and claims arising out of my child's participation in programs subsidiaries, and related activities.

 I have read the above Participation Waiver.

Parent's Initials

As part of the education programs, pictures are occasionally taken of the students participating in activities and events. Please, indicate below whether St. Clement of Rome may include pictures of your child(ren) in our parish bulletin or on the parish web site. WE WILL NOT IDENTIFY YOUR CHILD(REN) BY NAME.

 Yes, you may use pictures of my child(ren).

Parent's Initials

 No, you may not use pictures of my child(ren)

Parent's Initials

Parent/Guardian Signature: _____ Date: _____

REGISTRATION FEES

FAMILY FEE \$100

BOOK FEE PER CHILD
 # OF CHILDREN YOU ARE REGISTERING _____ X \$25.00

SACRAMENTAL PREPARATION FEE
 # 2ND GRADERS FOR FIRST COMMUNION _____ X \$25.00
 # 4TH GRADERS FOR FIRST RECON. _____ X \$25.00
 # 8TH GRADERS FOR CONFIRMATION _____ X \$40.00

TOTAL AMOUNT DUE

OFFICE STAFF ONLY

Date	Tuition	Cash	Check#	Amount	Initials

MAIL IN REGISTRATION (MAY 1 - AUG. 14)

Mail completed form with payment to:
 St. Clement of Rome Religious Education
 343 S. Main St.
 Romeo, MI 48065

WALK IN REGISTRATION (AUG. 15 - SEPT. 12)

If the payment of fees, will cause your family an undue hardship, please contact the Religious Education Office at (586) 752-6591.