

Amt. Paid _____ Check _____ Cash _____ Date _____
Processed _____

2022-2023 Religious Education Registration

Welcome back! Please find enclosed your **Registration Form** and an **Emergency Medical Form**. Each form must be filled out completely at the time of registration. **Please print neatly and complete one registration form per child.**

Please Note: Students must be registered at St. John Bosco Parish before they can be enrolled in Religious Education Classes.

Please return the following to the Parish Office:

_____ **Registration Form/Emergency Medical Form- on the back of this form.**

_____ **A copy of child's Baptismal Certificate if this is their first year in CCD.**

_____ **For those in Confirmation classes, a First Holy Communion Certificate, if your child did not receive FHC at SJB.**

_____ **Until July 15, each child is \$50 with a family maximum of \$150. After July 15, each child is \$75 with no family maximum This covers the cost of textbooks and materials for the year. Please contact the RE office if there are hardships in your family. No child will be turned away for lack of funding.**

_____ **Diocese of Arlington Waiver**

_____ **Consent to photograph your child**

Note: Students preparing to receive First Holy Communion must register with the parish for 1st and 2nd grade years; students desiring to receive Confirmation must register for 7th and 8th grade years.

Please completely fill out the information below:

1. **Child's Name:** _____ **Email** _____

2. **Date of Birth:** _____ **Grade:** _____ **Baptized (where):** _____

3. My child will be:

a. _____ Attending parish CCD classes in person

b. _____ Receiving religious instruction in a home study program. Approved textbook series:

Alive in Christ (Our Sunday Visitor)

Christ our Life (Loyola Press).

Faith and Life (Ignatius Press)

Spirit of Truth (Sophia Institute)

Religious Education Permission for Emergency Care 2021-2022

Child's Name _____ Grade _____

Date of Birth _____. Date of Last Tetanus Booster (if known) _____

Father's Name: _____ Mother's Name _____

Home Address: _____

Home Phone/Cell: _____

Emergency Contact Person/Phone: _____

Family Physician Name/Phone: _____

Insurance Carrier and Policy Number: _____

Please note any special needs below (allergies, medical, learning disabilities, physical disabilities etc.):

In case of an accident or serious illness, I request that I be contacted. If I cannot be reached, the emergency contact can be called to pick up my child. If neither can be reach, the religious education staff has my permission to take my child to the emergency rooms of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child. I will assume the responsibility for payment of the medical fees.

Parent's Signature

Date

You can find out about cancellations or changes via the St. John Bosco webpage or Facebook and the Myparish App. We will also email you notice of cancellations. Any questions, call Caroline Haydu at 540-459-8014 and leave a message.