



RELIGIOUS EDUCATION REGISTRATION 2018 - 2019

SPROUTS (Pre K - 5th Grade) / **GIFT** (Family, Pre K - 5th Grade)

EDGE (6th - 8th Grade) / **LIFE TEEN** (9th - 12th Grade) / **Special Needs** (K - Adult)

FULL PAYMENT MUST ACCOMPANY FORM TO COMPLETE THE REGISTRATION PROCESS.

If payment is submitted online, the online payment receipt must be attached to the registration form.

If the student(s) will receive any **Sacrament(s) this year**, the separate Sacramental Form, along with the required document(s), must also be submitted together with this form to complete the registration process. **Submit** completed forms in person during parish office hours or send by mail. **No incomplete registrations will be accepted.**

ATTENTION: Registration Deadline for the Confirmation Summer Programs is May 30th or July 18th.

FAMILY LAST NAME _____

Home Address _____ **City** _____ **Zip Code** _____

Primary Cell Phone # _____ **Email address** *(Please print clearly)* _____
(REQUIRED) (REQUIRED)

Are you registered parishioners at SJN? Yes (Envelope # _____) No (In what parish are you registered? _____)
(There is a fee of an additional \$50 for families who have not been registered parishioners at SJN for a period of at least six months.)

***** PARENT / GUARDIAN INFORMATION *****

Father's First & Last Name _____ **Mother's First & Maiden Name** _____
 Father Step Father Legal Guardian Mother Step Mother Legal Guardian
Cell Phone # _____ **Cell Phone #** _____

In the event of an **EMERGENCY**, if unable to reach either parent, whom should we contact?

Name _____ **How is he/she related to your child/children?** _____ **Phone #** _____

I would like more information about VOLUNTEER opportunities in: SPROUTS GIFT EDGE LIFE TEEN Special Needs

***** PARENTAL RELEASE *****

Please initial each of the three sections and sign below.

<p>MEDICAL RELEASE (REQUIRED)</p> <p>If we are unable to reach a Parent or Legal Guardian, permission is granted to seek medical attention if necessary</p> <p>_____</p> <p>PARENT INITIALS</p>	<p>MEDIA RELEASE (REQUIRED)</p> <p>Permission is granted for your child/children's picture to be used in Parish and/or Archdiocesan publications</p> <p>_____</p> <p>PARENT INITIALS</p>	<p>ARCHDIOCESAN VIRTUS CHILDREN'S SAFE ENVIRONMENT TRAINING</p> <p>As part of an ongoing effort to help create and maintain safe environments for all children and youth, and to protect all of them from sexual abuse, the Archdiocese of Atlanta provides a prevention program. This training program is a vehicle through which parents, teachers, catechists, and youth ministers give children and young people the tools they need to protect themselves from those who might have the intention of harming them. (The material used for this training is available for review upon request in the Religious Education Office.)</p> <p><input type="checkbox"/> I give permission for my child to attend the training</p> <p><input type="checkbox"/> I decline to grant my approval for my child to attend the training; however, I understand that as the primary educator of my child, the church requests that I provide such training to my child within the family</p> <p>_____</p> <p>PARENT INITIALS</p>
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***** PARENT PROMISE *****

As the primary religious educator of my child/children, I promise to ensure my child's/children's regular attendance to all classes or programs, to attend Holy Mass weekly with my family, to practice the faith at home, and to give witness to an active prayer life and a living Catholic faith.

PARENT SIGNATURE _____

FEES: 1 STUDENT: \$75 2 STUDENTS: \$125 3+ STUDENTS: \$150

\$50 additional fee for non-parishioner family \$20 First Communion Catholic School students *(Administrative fee)*

OFFICE USE ONLY

PAYMENT AMOUNT: \$ _____ **DATE** _____ **CASH** (Receipt # _____) **CHECK** (# _____) **CARD** (Confirmation # _____)

No family will be turned away from the program because of financial difficulties; please contact the program coordinator to discuss payment options.

(FINANCIAL WAIVER - Pastor's Signature required _____ **)**

STUDENT# 1

FULL LEGAL NAME _____

Male Female Date of Birth _____

Special needs / health problems / allergies _____

What grade will student attend as of Fall 2018? _____ Which school will he/she attend? _____
(Please, write full school name, no initials)

SACRAMENTAL INFORMATION

BAPTISM

Has student received the Sacrament of Baptism? Yes No
*If NOT, and if student needs to be baptized this year, please also fill out a **BLUE** Baptismal Form.*

FIRST COMMUNION

Has student received the Sacrament of First Communion? Yes No
*If NOT, and if student is in **2nd grade** or above AND will also be **completing** the two-year requirement of prior Religious Education this year, please also fill out a **YELLOW** First Communion form.*

CONFIRMATION

Has student received the Sacrament of Confirmation? Yes No
*If NOT, and if student is in **10th grade** or above AND will also be **completing** the two-year requirement of prior Religious Education (from the 6th grade on) this year, please also fill out the **GREEN** Confirmation form. **NOTE: REGISTRATION DEADLINE for the Summer Confirmation Program is May 30th for Option A and July 18th for Option B. Each session will be capped at 54 students.***

PLEASE INDICATE PROGRAM, DAY AND TIME REQUESTED FOR THIS STUDENT

PRIVATE CATHOLIC SCHOOL STUDENTS	SPROUTS ELEMENTARY SCHOOL (Pre K - 5 th Grade)	GIFT GROWING IN FAITH TOGETHER (Pre K - 5 th Grade)	EDGE MIDDLE SCHOOL (6 th - 8 th Grade)	LIFE TEEN HIGH SCHOOL (9 th - 12 th Grade)	SPECIAL NEEDS (K - ADULT)
<input type="checkbox"/> Student is attending Catholic School in 2 nd grade <i>(no additional classes required).</i> <input type="checkbox"/> Student is attending Catholic School in 3 rd , 4 th or 5 th grade <i>(student is required to attend additional sacrament preparation classes once a week).</i>	<input type="checkbox"/> Sunday 9:40 - 10:50 am <input type="checkbox"/> Wednesday 6:30 - 7:45 pm Catechesis of the Good Shepherd (4 & 5 year olds) <i>(SPACE IS LIMITED)</i> <input type="checkbox"/> Sunday 9:40 - 10:50 am <input type="checkbox"/> Wednesday 6:30 - 7:45 pm	<div style="text-align: center;"><input type="checkbox"/></div> <p style="text-align: center;">A whole-family catechesis program in which parents commit to teach the material to their children at home and to attend one adult teaching and one community meeting each month.</p> <p style="text-align: center;"><i>(Please also fill out a GOLD GIFT form.)</i></p>	<input type="checkbox"/> Sunday 6:30 - 8:00 pm (T-Shirt size ____)	<input type="checkbox"/> Sunday 6:30 - 8:00 pm (T-Shirt size ____)	<input type="checkbox"/> K - 5 th GRADE Saturday 10:00 - 11:30 am <input type="checkbox"/> Teens/Adults Monday 7:00 - 8:15 pm <i>(Please also fill out a LILAC Special Needs form.)</i>

STUDENT# 2

FULL LEGAL NAME _____

Male Female Date of Birth _____

Special needs / health problems / allergies _____

What grade will student attend as of Fall 2018? _____ Which school will he/she attend? _____
(Please, write full school name, no initials)

SACRAMENTAL INFORMATION

BAPTISM

Has student received the Sacrament of Baptism? Yes No
*If NOT, and if student needs to be baptized this year, please also fill out a **BLUE** Baptismal Form.*

FIRST COMMUNION

Has student received the Sacrament of First Communion? Yes No
*If NOT, and if student is in **2nd grade** or above AND will also be **completing** the two-year requirement of prior Religious Education this year, please also fill out a **YELLOW** First Communion form.*

CONFIRMATION

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*If NOT, and if student is in **10th grade** or above AND will also be **completing** the two-year requirement of prior Religious Education (from the 6th grade on) this year, please also fill out the **GREEN** Confirmation form. **NOTE: REGISTRATION DEADLINE for the Summer Confirmation Program is May 30th for Option A and July 18th for Option B. Each session will be capped at 54 students.***

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STUDENT# 3

FULL LEGAL NAME _____

Male Female Date of Birth _____

Special needs / health problems / allergies _____

What grade will student attend as of Fall 2018? _____ Which school will he/she attend? _____
(Please, write full school name, no initials)

SACRAMENTAL INFORMATION

BAPTISM

Has student received the Sacrament of Baptism? Yes No
*If NOT, and if student needs to be baptized this year, please also fill out a **BLUE** Baptismal Form.*

FIRST COMMUNION

Has student received the Sacrament of First Communion? Yes No
*If NOT, and if student is in 2nd grade or above AND will also be completing the two-year requirement of prior Religious Education this year, please also fill out a **YELLOW** First Communion form.*

CONFIRMATION

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