

**OFFICE USE ONLY**

Room #: \_\_\_\_\_  
Day/Time: \_\_\_\_\_  
Vol. child? Y N Where?  
With parent? Y N N/A  
SR

**St. John Nepomucene  
Religious Education  
Grade Pre-K - 8th  
2010-2011 Registration**  
(One form per child)

**OFFICE USE ONLY**

Date received: \_\_\_\_\_  
Payment received? Y N Amount \_\_\_\_\_  
Received by: \_\_\_\_\_

**ARE YOU A REGISTERED PARISHIONER OF ST. JOHN NEPOMUCENE? YES - date: \_\_\_\_\_ NO**

**\*Registered parishioners take priority in placement of classes.\***

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday (Mo/Day/Yr) \_\_\_\_\_ GRADE in Sept. 2010 \_\_\_\_\_ School \_\_\_\_\_

**Learning challenges, social concerns, medications, allergies or other information such as custody issues:** \_\_\_\_\_

**Sacraments my child has received (please circle):**    **Baptism**    **Reconciliation**    **Eucharist**    **Confirmation**

**MY CHILD WILL PREPARE FOR SACRAMENTS THIS YEAR YES NO (circle one)**

**WHICH SACRAMENT(S)?** \_\_\_ **Baptism** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Communion\***

*This means that he/she has already completed one year of Religious Education.*

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parents' e-mail address:** \_\_\_\_\_

**CLASS CHOICES**

**PLEASE SELECT PREFERRED CHOICES FOR CLASS DAY AND TIME (mark as #1, #2)**

**Sunday**

**Wednesday**

\_\_\_\_\_ 9:00-10:15 AM

\_\_\_\_\_ 7:00 – 8:15

*Do you have other children in R. E.?* Yes No (circle one) Grades: \_\_\_\_\_

**PAYMENT**

\_\_\_\_\_ **\$50.00 for 1 R. E. student**    \_\_\_\_\_ **\$75.00 for 2 R. E. students**    \_\_\_\_\_ **\$100.00 for 3 R. E. students**

If this is a financial burden, please contact the R. E. Office for possible options.

Tuition covers only a fraction of the cost of the program; therefore, there are no refunds given after the start of class.

**Total Enclosed:** \_\_\_\_\_

NOTE: Please make check payable to, "St. John Nepomucene" for children attending Religious Education. Thank you.

**Should I be placed as a teacher, I would like my child in my class:** Yes No (please circle one)

**PLEASE TURN OVER TO COMPLETE OTHER SIDE OF REGISTRATION.**

**EMERGENCY INFORMATION:**

**EMERGENCY CONTACT:** In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I hereby give permission to the R. E. Office Staff of St. John Nepomucene Catholic Church to seek emergency treatment for my child until either parent or the emergency contact person can be reached.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Please be sure to circle appropriate information in Photo Release below.**

**PHOTO RELEASE**

AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent videotaping or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current videotapes and photographs assist law enforcement agencies dealing with the Missing Children's Program.

**I / We consent / do not consent (circle one)** to the use of such materials in which my child may appear. I release the staff and volunteers of St. John Nepomucene Catholic Church and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or voice recording as part of any of the above or similar activities.

**R. E. classes begin the week of September 26-28, 2010.**

**Placement in classes will be determined on a first come basis and  
NO class is secure unless there are enough volunteers to teach the class.**

***YOU WILL BE CONTACTED ONLY IF YOU DO NOT RECEIVE YOUR 1<sup>ST</sup> CHOICE.***

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Please mail registration form and payment to the following address or drop it by the Parish Office.

St. John Nepomucene Catholic Church  
Attn: R. E. Registration  
401 E. Lampasas  
Ennis, Texas 75119

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