

# St. John Nepomucene Religious Education 2013-2014

## Returning Student Grades PK-5<sup>th</sup> *ONE FORM PER CHILD- FILL OUT FORM COMPLETELY*

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

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday (Mo/Day/Yr) \_\_\_\_\_ GRADE in Sept. 2013: \_\_\_\_\_

Names of other children in R.E.: \_\_\_\_\_

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

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

Parent's Email address: \_\_\_\_\_

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

**Sacraments**

Sacraments my child has received: \_\_\_\_\_ Baptism \_\_\_\_\_ 1<sup>st</sup> Reconciliation \_\_\_\_\_ 1<sup>st</sup> Communion

My child will prepare for: Which Sacrament(s)? \_\_\_\_\_ Baptism \_\_\_\_\_ 1<sup>st</sup> Reconciliation \_\_\_\_\_ 1<sup>st</sup> Communion

Copy of Baptismal certificate must be turned in with form.

**Emergency Information:** 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 to child: \_\_\_\_\_

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 of the emergency contact person can be reached.

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

**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 of 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.

**We consent/ do no 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.

**Payment**

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

**RE Fee**

- \_\_\_\_ \$50 (1child)
- \_\_\_\_ \$75 (2 children)
- \_\_\_\_ \$100 (3 or more)

**Book Fees**

- \_\_\_\_ \$17 (PK, K, 3<sup>rd</sup>, 4<sup>th</sup>)
- \_\_\_\_ \$16 (1<sup>st</sup> & 2<sup>nd</sup>)
- \_\_\_\_ \$ 18 (5<sup>th</sup>)

**Class Day**

**Sunday 8:30-10:30 am    Wednesday 6:30-8:30 pm**

**Office Use Only**

Date received: \_\_\_\_\_ PDS Date: \_\_\_\_\_

Payment received in full date: \_\_\_\_\_ Amount: \_\_\_\_\_

Received by: \_\_\_\_\_ Family ID: \_\_\_\_\_

English or Spanish Speaking

# St. John Nepomucene Educación Religiosa 2013-2014

## Estudiante Regresando Grados Pk-5<sup>th</sup> UN FORMULARIO POR NIÑO-

LLENE LA FORMA COMPLETA

Nombre de Alumno: \_\_\_\_\_ Apellido: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Domicilio, Ciudad, Código Postal: \_\_\_\_\_

# de Teléfono: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado en Sept. 2013: \_\_\_\_\_

Nombres de otros niños in E.R.: \_\_\_\_\_

Nombre de Madre: \_\_\_\_\_ # Telédono de trabajo: \_\_\_\_\_ #de Celular: \_\_\_\_\_

Nombre de Padre: \_\_\_\_\_ # Telédono de trabajo: \_\_\_\_\_ #de Celular: \_\_\_\_\_

Domicilio de correo electronic de los padres: \_\_\_\_\_

Desafíos en qprendizaje, preocupaciones sociales, medicamento, alergias o mas información como asuntos de custodia:

### Sacramentos

Sacramentos que mi hijo/a ha recibido: \_\_\_\_\_ Bautismo \_\_\_\_\_ 1<sup>ra</sup> Reconciliación \_\_\_\_\_ 1<sup>ra</sup> Communi3n

Este a1o mi hijo/a se prepara para los sacramentos? \_\_\_\_\_ Bautismo \_\_\_\_\_ 1<sup>ra</sup> Reconciliaci3n \_\_\_\_\_ 1<sup>ra</sup> Communi3n

Copia del certificado de bautismo debe ser entregado.

**CONTACTO DE EMERGENCIA:** En caso de emergencia, y si no se puede establecer contacto con un parde, tines mi permiso para ponerse en contacto con la persona siguiente para ayudar a tomar decisions sobre el cuidado para mi hijo:

Nombre: \_\_\_\_\_ Relaci3n al ni1o: \_\_\_\_\_

# Tel3fono de casa: \_\_\_\_\_ # de Celular: \_\_\_\_\_

Yo le doy permiso al la personal de oficina de E.R. de la Iglesia Cat3lica San Juan Nepomucene para buscar tratamiento de emergencia para mi hijo hasta que cualquiera de los padres o la persona de contacto de emergencia se puedan contactar.

Firma de padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

### Liberacion de fotografia

CONCENTIMIENTO DE FOTOGRAFIAS GRABACION AUDIO VISUAL En ocasiones, grabaci3n audio, grabaci3n visual diapositiva ser3n tomadas de los ni1os y j3venes durante Misa y actividades patrocinadas por el diocesano. Estas son utilizadas en los peri3dicos, red electronica, promoci3n de eventos, anuncios y otros printed media. El Estado de Texas no impide las grabaciones de video o fotografias de los ni1os/j3venes (con la excepci3n del facture 1 secci3n 26.009, que se comunica especificamente con distritos escolares), y anima el acontecimiento paterno. Adicional, las grabaciones de video asisten a los agentes de ley para ejecuci3n en relaci3n con el programa ni1os perdidos.

**Nosotros consiento/no consentimos (circula uno)** en el uso de dicho material en el cual mi hijo/a puede aparecer. Y yo libero al personal y voluntaries de la Iglesia Cat3lica San Juan Nepomucene y la Di3cesis Romana cat3lica de Dallas de cualquier responsabilidad conectado por el uso de fotografia o grabaci3n de voz como parte de cualquier actividades mencionadas arriba o actividades simulares.

### Pago

Si esto es una carga financier, por favor contacte la oficina de E.R. para opciones posibles.

#### Pago

\_\_\_\_ \$50 (1 alumno)

\_\_\_\_ \$75 (2 alumnos)

\_\_\_\_ \$100 (3 alumnos o mas)

#### Pago de Libro

\_\_\_\_ \$17 (PK, K, 3<sup>rd</sup>, 4<sup>th</sup>)

\_\_\_\_ \$16 (1<sup>st</sup> & 2<sup>nd</sup>)

\_\_\_\_ \$ 18 (5<sup>th</sup>)

### Día de Clase

**Domingo 8:30-10:30 am**

**Mi3rcoles 6:30-8:30 pm**

### Office Use Only

Date received: \_\_\_\_\_ PDS Date: \_\_\_\_\_

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