

# Youth Catechetical Registration

## Parent / Guardian

	Last Name	First Name	Religion	Maiden Name
<b>Father</b>	_____	_____	_____	_____
<b>Mother</b>	_____	_____	_____	_____

The information listed below will be used to contact you:

email	1 _____	2 _____
phone	1 _____	2 _____
address	_____	

## Student(s)

### 2021-22 School Year

Grade	C/H	Last Name	First Name	School	Health Concerns
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C/H - Religious education instruction location: "C" for in class or "H" for home school.

## Permissions

### SAFETY

My child(ren) attend ECUSD7 or St. John Neuman school(s).

Therefore, they will not receive additional personal safety training at PSR.

My child(ren) DO NOT attend ECUSD7 or St. John Neuman school(s).

I (circle one) WANT / DO NOT WANT them to receive personal safety training at PSR.

### POLICIES

I have read the Faith Formation Programs document & will abide by the policies listed.

### PHOTO

Student photographs & names will be used in the paper, on the internet or where appropriate unless a written objection is received from the parent or legal guardian.

### EMERGENCY

I authorize the responsible person at St. Cecilia's Family Life Center to transport my child to the nearest hospital emergency room in emergencies requiring immediate medical attention.

Parent / Guardian Signature

Date

## Fees

**Scholarships are available for those in financial need.**

PSR Fee

\$45 - 1 child   \$80 - 2 children   \$ 100 - 3 or more children

Sacramental Prep Fee

\$15 - Reconciliation   \$30 - Confirmation & Eucharist   \$15 - Confirmation

total due

**Please make checks payable to: St. Cecilia Church**

## for office use only:

\$ amt pd: \_\_\_\_\_

date pd: \_\_\_\_\_

init: \_\_\_\_\_

cash or check #: \_\_\_\_\_