

Youth Catechetical Registration

Parent / Guardian

	Last Name	First Name	Religion	Maiden Name
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

The information listed below will be used to contact you:

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

Student(s)

2020-21 School Year

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

R/C - Please indicate "R" for remote learning or "C" for in class learning.

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 \$15 - Confirmation & Eucharist \$15 - Confirmati

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

for office use only:

\$ amt pd: _____ date pd: _____ init: _____ cash or check #: _____