

ST. HELEN OF THE CROSS ROMAN CATHOLIC CHURCH
205 W. 8TH STREET, ELOY ARIZONA 520-466-7258
RELIGIOUS EDUCATION REGISTRATION FORM 2020-2021

****REGISTRATION DEADLINE****

CHILD'S INFORMATION

Child's Full Name (First, Middle, Last) _____

For office use only:

Date: _____

Grade: _____

Grade for 2019-2020 _____ Date of Birth ____/____/____ Male Female

Name of School _____

Was your child enrolled in Religious Education in our parish last year? Yes No

If "NO" Name of parish your child last attended _____

The dates your child attended _____ Contact Person _____ Phone _____

SACRAMENTAL INFORMATION

	Date	Church/Parish
Baptism:	_____	_____
Reconciliation	_____	_____
First Eucharist	_____	_____
Confirmation	_____	_____

FAMILY INFORMATION (Please fill in complete address)

Home Address: _____

City/State/Zip Code _____

Home Telephone _____ Email: _____

PARENT/GUARDIAN INFORMATION (Please update)

	Father	Mother
Name (first & last)	_____	_____
Religion:	_____	_____
Marital Status:	_____	_____
Cell Phone	_____	_____
Child lives with this parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL NEEDS:

Please inform us if your child requires special attention for any physical handicaps, learning disabilities, behavioral issues, (i.e. ADHD), daily medications, medicinal or dietary allergies below. Providing this information will help us to meet your child's needs.

TUITION PAYMENTS

\$75.00 PER FAMILY (NOT per child). Payment arrangements can be made.

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I confirm that all the information on this application is correct. I agree to notify the office of any changes including change of address and phone numbers. I agree to pay fees as noted to ensure my child's placement and am aware that any unpaid fees will result in the retention of all official documents until paid in full. I agree to any late charges that may apply. There are no refunds. Should I fail to meet these and any of the terms on this agreement, my child's classes will be postponed.

X _____ / _____
SIGNATURE OF PARENT or GUARDIAN **DATE**

MEDICAL RELEASE FORM

Student's Name _____, _____
Last First

Date of Birth _____ Address _____

City _____ State _____ Telephone _____

Emergency Medical Information

Name of Person to contact _____

Emergency Phone # _____ Allergies _____

Medications _____

Any other information that is important for us to have _____

(Please read before signing)

I, _____, parent/guardian of _____
 Authorize an adult, in whose care of the minor has been entrusted by Saint Helen of the Cross Roman Catholic Church–Eloy, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis of treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. I agree to be liable and to pay all the costs and expenses incurred in connection with such medical and dental services rendered. Should it be necessary for our (my) son/daughter to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

Is the student covered by any type of health insurance? Yes _____ No _____

Insurance Company _____

Policy Number _____

Name of Person in that Policy _____

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AGREEMENT

For parents or legal guardian of students enrolled in our Religious Education Program

As parent(s) or legal guardian(s) of our children attending Religious Education (CCD) at St. Helen of the Cross we agree that...

1. We send our children to receive CCD on our own free will.

AGREE: _____ (initial)

2. All sacramental records and other required paperwork must be turned in by **NOVEMBER 22, 2019**. Otherwise, the reception of a sacrament might be postponed. I/We understand this and agree to turn in all necessary documents by the date above.

AGREE: _____ (initial)

3. A sponsor for the child must be declared and all of the sponsor's required documents and sacramental records must be submitted to the religious education office by **December 29, 2019**. Otherwise, the reception of a sacrament might be postponed. I/We understand this and agree to turn in all necessary documents for the declared sponsor by the date above.

AGREE: _____ (initial)

4. As Catholics, we must attend Mass every Sunday either Saturday Vigil evening or on Sunday at St. Helen of the Cross Roman Catholic Church in Eloy. (Weddings, funerals or Quinceañera Masses do not fulfill the obligation to go to Mass on Sundays). The Child will have his/her Mass Attendance envelope stamped by an authorized person with the parish's seal upon arriving in the Church.

-Envelope must have written First & Last name, for each student before receiving stamp. Then the child will deposit the stamped envelope **IN THE SECOND COLLECTION BASKET**.

-Irregular Mass attendance will result in postponing the sacraments.

-If child attends Sunday Mass elsewhere he/she must bring a dated bulletin from that parish with the signature of the celebrant priest testifying of his attendance.

-Regular attendance at another parish may result in postponing the sacraments or requiring the child to register elsewhere.

AGREE: _____ (initial)

5. The child must attend all scheduled classes as stated on the CCD Calendar. More than 5 absences (with or without excuses) will result in repeating the current year and prolonging the sacramental process.

-3 or more tardy arrivals equal 1 absence (5 minutes late); 16 minutes late equals 1 absence.

-Leaving 16 minutes earlier or more will receive an absence.

-Please schedule all your other obligations accordingly!

AGREE: _____ (initial)

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6. The child must dress appropriately for classes, spiritual gatherings and other activities. He/she cannot wear "short shorts," miniskirts, spaghetti straps, tank tops, backless blouses, midriff bearing or low-cut shirts.

-Nor can he/she wear baggy shorts, pants or shirts. Hats, baseball caps, and expensive jewelry are not allowed either.

AGREE: _____ (initial)

7. The child must turn in all required homework assignments as requested by the instructor on the day it is due.

AGREE: _____ (initial)

8. I/We will be helping Bingo Concession one Wednesday a month starting at 5:00 pm. My Wednesday will be on: _____

AGREE: _____ (initial)

9. Parent(s)/guardian(s) are responsible for adhering to the Drop Off and Pick Up policy of St. Helen of the Cross.

The child will...

- Be signed in no earlier than 10 minutes before class begin and

- IF THE CHILD IS 11 YEARS OR YOUNGER HE/SHE MUST BE SIGNED OFF BY AN ADULT no later than 10 minutes after class ends.

-NO CHILD IS ALLOWED TO WALK HOME AFTER DARK.

-I/we understand that if a child is not properly signed in or signed out it may result in an absence.

-THE CHURCH HALL WILL BE CLOSED UNTIL THE CHILD'S TEACHER OR SUBSTITUTE HAS ARRIVED TO SIGN-IN THE CHILD

-Parent(s) and/or guardian(s) are legally responsible for the child's whereabouts at all times.

-If pick up takes place more than 15 minutes late, a fee of \$5.00 will be required at the time of pickup.

If pick up takes longer than 30 minutes after classes end, the CCD program will call the police for your child's protection.

AGREE: _____ (initial)

10. Parent(s) or guardian(s) are responsible for making sure that the child knows all required prayers and teachings as needed in preparation of the sacraments. Progress reports will be given out as needed.

AGREE: _____ (initial)

11. I/we must attend all mandatory meetings for parents or legal guardian. (check the schedule). I/we will attend all child safety meetings and workshops to be in full compliance with the Diocese of Tucson.

AGREE: _____ (initial)

