

**Christ the King Parish**  
338-1146

**St. Salome Parish**  
323-1160

**St. Thomas the Apostle Parish**  
342-2323

rol	matrix
comp	SPRC
box	mailing

## Cluster Religious Education Registration Form for 2009-2010

**Please register by August 1.**  
**Children must be registered to attend class.**

**Tuition:** (may be paid in Sept.)

\$50.00-1 child

\$95.00- 3 or more children

\$70.00- 2 children

Pre-K & Kdg. Pay \$20.00 fee per child instead of tuition

### Religious Education classes meet in two locations as follows:

**Classes at Christ the King:**

Pre-K & Kdg.-9:30am-10:30am

Grades 1-6--Wednesdays -4:15-5:30pm

Grades 1 & 2—Mondays from 6:15-7:30pm

Grades 3-6—Mondays—7:00-8:15pm

**Classes at St. Thomas the Apostle:**

Grades 7 & 8-NEW-Jr. High Youth

Ministry Model—Mondays—6:45-8:30pm

Begins October 19th

Please **send this form to** Cluster Faith Formation  
445 Kings Hwy S  
Rochester, NY 14617

**\*Makes checks payable to:** "Christ the King"

FAMILY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ Do we need to dial \*82  
first? Yes/no

email \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARISH REGISTERED AT \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FIRST & MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MARITAL STATUS: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Other(please explain) \_\_\_\_\_ (i.e.: guardian)

ALL MAILINGS SHOULD BE SENT TO: Mr. & Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Other \_\_\_\_\_

BUSINESS PHONE NUMBER: Father \_\_\_\_\_ Mother \_\_\_\_\_

EMERGENCY PHONE NUMBERS (WHERE CAN YOU BE REACHED DURING THE CLASS TIMES?)

Mother \_\_\_\_\_ Father \_\_\_\_\_

(Please turn over and complete back side of form)

Please use the section below to register your children for classes:

Names of children to register	Grade in Public School & location (as of 9/09)	Last Religion Grade child attended & location	2009-2010 Rel. Ed. Grade	Day of Class (Sun-Mon-Wed)
Gender M or F	Date of birth			
	/ /			
	/ /			
	/ /			
	/ /			

Please list the sacraments (Baptism, First Eucharist, First Penance, Confirmation) and location of reception for each child:

Child's Name	Sacraments received	Location where received

Is there any special information we should be aware of concerning your child (health, learning disabilities, special diet, special school, hearing loss, poor vision, etc.)

Please call me about volunteering as a **teacher or as an aide (check one)**:

- Monday session at CTK (Grades 3-6—7:00-8:15pm)
- Wed. session at CTK (Grades 1-6—4:15-5:30pm)
- Sun. session at CTK (PreK-Kdg—9:30am)
- Monday session at CTK (Grades 1& 2--6:15-7:30pM)
- Monday-Jr. High (Gr. 7 & 8) at St. Thomas the Apostle

My name is \_\_\_\_\_ You can reach me at this phone # \_\_\_\_\_

**\*Volunteer teachers & aides do not pay tuition. All new volunteers must have attended a CASE (Creating a Safe Environment) session before classes begin.**

**HEALTH FORM**

Health Insurance Company \_\_\_\_\_ POLICY # \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE LIST ANY ALLERGIES OR SPECIAL NEEDS: \_\_\_\_\_

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of a medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**Release Form**

I hereby consent to and authorize the use and reproduction by the parish/school, or anyone authorized by the parish/school, of any and all photography, still, motion, and any/or all audio recordings in which any of my students appear. I acknowledge that we will not be paid compensation for any reproduction of these materials.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_