



# HC/St. James/SPP (K- 12) Religious Education Registration 2023-2024



Please complete the front and back and return as soon as possible. Those returned by **May 1** receive a \$5.00 discount per family.  
*Thank you in advance for helping us know our class sizes so we can order books and supplies to be ready for our students in the fall.*

Classes begin **September 6, 2023** and are 6:30pm-7:45pm at Sts. Peter & Paul Church for grades K-12.

At which **Parish** is your family registered? \_\_\_\_\_

**If registering for 2<sup>nd</sup> or 10<sup>th</sup> grade include a copy of a Baptismal Certificate if baptized other than HC/STJ/SPP**

Child's Name	M/F	DOB	Grade & School in Fall 2023	Baptism Date/Place	First Reconciliation Date/Place	First Holy Communion Date/Place	Confirmation Date/Place

If any of your children have special needs, allergies or restrictions, please let us know in detail.

Child's Name \_\_\_\_\_ Special Need \_\_\_\_\_

### Parent/Guardian Information

Please check box if communication needs to be made to two households.

	Mother	Father
First & Last Name		
Address		
City & Zip		
Home Phone		
Cell Phone		
Email - Please write neatly		
Religion		

### IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT IF PARENTS CAN'T BE REACHED?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician/Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Parents living together?  Yes  No With whom do the children live? \_\_\_\_\_

Is there anyone by Court Decree that is restrained from picking up the child/children? \_\_\_\_\_

### SCHOOL MESSENGER- Instant Parent Contact

If there is a last minute cancellation or emergency, we will call the parents' numbers listed above. If there are **additional numbers** you would like to receive such a call, including student drivers or others who may be picking up students, please list below.

Name	Number

**MEDIA WAIVER:** Our Religious Education Program may share pictures of the activities of our students with the media. This includes group pictures of First Holy Communion and Confirmation that are published in the Message and bulletins. Please indicate your preference.

\_\_\_ I give permission for my child's photo, name, voice and/or class projects to be released to the media or social media.

\_\_\_ I DO NOT give permission for my child's photo, name, voice and/or class projects to be released to the media or social media.



<b>FEES</b>	<b><i>Make checks payable to (your parish) Holy Cross, St. James or Sts. Peter &amp; Paul</i></b>	
<b>1 OR 2 STUDENTS- \$45 EACH</b>		
<b>3 OR MORE STUDENTS- \$35 EACH</b>		
<b>-\$5 DISCOUNT (Per Family) IF BEFORE MAY 1</b>		
<b>+\$10 LATE FEE (Per Family) IF AFTER JUNE 1</b>		
<b>+\$25 LATE FEE (Per Family) IF AFTER AUGUST 1</b>		
	<b>Total Due</b>	<b>\$</b>

The Parent Handbook and Electronic Communications Statement is available in print form upon request and on-line at [www.holycrossparish.info](http://www.holycrossparish.info) [www.stjameshaubstadt.com](http://www.stjameshaubstadt.com) or [www.stsppchurch.com](http://www.stsppchurch.com)

Please review and share the information in the handbook with your child/ren so they understand what is expected of them and are familiar with the rules. Creating a Christian Community with our students and catechists is our priority. Thank you.

*I am familiar with what is expected of me as a **student** and agree to abide by the policies and guidelines.*

\_\_\_\_\_  
Student Signature    Student Signature    Student Signature

\_\_\_\_\_  
Student Signature    Student Signature    Student Signature

In case of an accident or serious illness, I request the parish to contact me. If I cannot be reached, I hereby authorize the parish to make whatever arrangements the circumstances allow. It is understood and agreed that neither the parish, the teachers, nor the Catholic Diocese of Evansville is the insurer of my children's health and safety while they are at the parish or engaged in parish-supervised activities. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the cost of sickness or injury. If any of the above-named children need emergency medical treatment and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

**DISMISSAL:** Students Grades K-6 are not allowed to walk home unless with an older sibling 7-12<sup>th</sup>. Students are not allowed to walk to a parked car, it is too much of a safety risk. Please utilize the Holy Cross/St. James line in front of school on Vine Street or the Sts. Peter & Paul line behind school with entrance to playground from Church Street. Student drivers park west of gym (Family Life Center) and must stay inside to gather younger siblings before exiting the building. Thanks for helping dismissal go smoothly and safely for all.

**Please write each student's name in the box to indicate his/her dismissal plan.**

Holy Cross/St. James Line				
Sts. Peter & Paul Line				
Walk Home				
Ride with Older Sibling				
Drive Self				

**PARENTS:** Please sign to indicate agreement of **all** information on this form. Return your payment along with this form to your parish office or mail to Sts. Peter & Paul, Attn: Laura Goedde CRE, 211 N. Vine St., Haubstadt, IN 47639.

\_\_\_\_\_  
Father or Guardian Signature                          Date                          Mother or Guardian Signature                          Date

**Office Use Only:** Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_ Received by \_\_\_\_\_