

# Jesus, Our Risen Savior

Religious Education Department  
Enrollment Form

**For Office Use**

Section \_\_\_\_\_

Fees Paid/CK # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

**Are you registered at Jesus, Our Risen Savior? Yes \_\_\_\_\_ No \_\_\_\_\_**

*(This is not the parish registration form. Please contact the parish for a new member packet.)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Child resides with whom? \_\_\_\_\_

Please check whether your child has received or needs each Sacrament:

**A copy of your child's Baptismal Certificate must accompany this form.**

Baptism

Reconciliation

First Holy Communion

Confirmation

Received

Received

Received

Received

**Need**

**Need**

**Need**

**Need**

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School \_\_\_\_\_

**Grade \_\_\_\_\_ as of Fall of 2012**

Are there allergies, medical issues or other information we should know about this child?

Please list the names and grades of children you are registering (from oldest to youngest):

\_\_\_\_\_  
\_\_\_\_\_

Desired R.E. class time choice (please circle one):

Grades 1-7      Wednesday 4:30PM (Grades 1-7)

(8<sup>th</sup> grade and Confirmation **ONLY**) Wednesday 6:30PM (Grades 1-Confirmation)

I would like to volunteer to be a/an: \_\_\_\_\_ Teacher \_\_\_\_\_ Aide \_\_\_\_\_ Office/Hall Volunteer

Family or Guardian Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Adult contacts we should have on file:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Relationship\* \_\_\_\_\_

\*Relationship to child – mother, father, grandmother, grandfather, aunt, uncle, guardian, etc.

**You must read and sign the "Opt In/Out" form at the beginning of each school year.**

**I give permission for my child's photo to be taken and possibly used on our website.** \_\_\_\_\_