

SAUGUS CATHOLICS RELIGIOUS EDUCATION 2018-2019

BLESSED SACRAMENT: _____ **ST. MARGARET:** _____

Family Last Name: _____ **Home Phone:** _____

Address: _____ **Cell #:** _____

Father's Name: _____

Mother's Name: _____ **Maiden Name:** _____

Emergency #: _____ **E-mail:** _____

Custodial Parent if Different & Relationship: _____

Address: _____ **Phone #:** _____

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Child: _____ **Date of Birth:** _____ **Grade:** _____ **Sex:** _____

School: _____ **Date of Baptism:** _____

Place of Baptism: _____ **Eucharist:** _____ **Penance** _____

Special Needs (medical, physical or learning):

Child: _____ **Date of Birth:** _____ **Grade:** _____ **Sex:** _____

School: _____ **Date of Baptism:** _____

Place of Baptism: _____ **Eucharist:** _____ **Penance:** _____

Special Needs (medical, physical or learning):

Child: _____ **Date of Birth:** _____ **Grade:** _____ **Sex:** _____

School: _____ **Date of Baptism:** _____

Place of Baptism: _____ **Eucharist:** _____ **Penance:** _____

Special Needs (medical, physical or learning):

Child: _____ **Date of Birth:** _____ **Grade:** _____ **Sex:** _____

School: _____ **Date of Baptism:** _____

Place of Baptism: _____ **Eucharist:** _____ **Penance:** _____

Special Needs (medical, physical or learning):

If your child was not baptized in this parish, you will need to supply us with a copy for our files.

Registration Fees: \$85 per child grades 1-6 / \$125 per child grades 7&8

\$150 per child grades 9 & 10 \$225 family limit

Tuition due: _____ **Tuition Paid:** _____ **Date Paid:** _____

I would like to help: Teacher _____ **Monitor** _____ **Class Set Up:** _____

Picture Permission: Occasionally during class time, we will take photos of the children working on special projects and activities. This authorization form constitutes my permission for my child(ren) to have his/her picture taken while participating in such activities. I understand that these pictures may be uploaded to the Saugus Catholics Collaborative website and/or Facebook.

Yes, photos of my child(ren) may be taken during class time and/or activities and I understand that these photos will be uploaded to the internet.

No, I do not wish to have my child(ren)'s picture taken.

Parent/Guardian Signature: _____

Date: _____

**Talking About Touching & Keeping Children Safe
A Child Safety Curriculum Grades 1-5:**

The Religious Education Program will participate in a Safety Curriculum mandated by the Archdiocese. We will be using a program called "Talking About Touching: A Personal Safety Curriculum" and "Keeping Children Safe." These programs will teach the children skills that will help keep them safe from dangerous or unfamiliar situations. These programs will also teach children how to ask for help when they need it. **Dates to be Announced.**

Yes, I wish for my child(ren) to participate in the safety sessions.

No, I do not want my child(ren) to participate in the safety sessions.

Parent/Guardian Signature: _____

Date: _____