

# Monday 6-12 Grade Religious Educ. Registration 07-08

## Youth Ministries

**HOUSEHOLD INFORMATION**

↓ FATHER ↓	↓ MOTHER ↓	Please use this only if you do not have a 'pre-printed' form available
Last	Last	STREET ADDRESS
Middle	Middle	APARTMENT/UNIT #
First	First	CITY
Daytime Phone	Daytime Phone	ZIP CODE:
Cell Phone	Cell Phone	HOME PHONE
E-Mails	E-Mails	E-MAIL CHECKED MOST REGULARLY BY PARENT
EMERGENCY CONTACT	PHONE	RELATIONSHIP

**↓ CHILD #1 ↓**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:                    M / F

Date of Birth: \_\_\_\_\_

Grade in Sept. 07: \_\_\_\_\_

School: \_\_\_\_\_

Emails & Cell: \_\_\_\_\_

**SACRAMENTAL RECORDS**

BAPTISM

Date: \_\_\_\_\_

Church: \_\_\_\_\_

Catholic?   Y   N

City/State: \_\_\_\_\_

FIRST EUCHARIST

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

CONFIRMATION

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Allergies/Medical Conditions/Medications/  
Special Needs/ Considerations: \_\_\_\_\_

**↓ CHILD #2 ↓**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:                    M / F

Date of Birth: \_\_\_\_\_

Grade in Sept. 07: \_\_\_\_\_

School: \_\_\_\_\_

Emails & Cell: \_\_\_\_\_

**SACRAMENTAL RECORDS**

BAPTISM

Date: \_\_\_\_\_

Church: \_\_\_\_\_

Catholic?   Y   N

City/State: \_\_\_\_\_

FIRST EUCHARIST

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

CONFIRMATION

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Allergies/Medical Conditions/Medications/  
Special Needs/ Considerations: \_\_\_\_\_

**↓ CHILD #3 ↓**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:                    M / F

Date of Birth: \_\_\_\_\_

Grade in Sept. 07: \_\_\_\_\_

School: \_\_\_\_\_

Emails & Cell: \_\_\_\_\_

**SACRAMENTAL RECORDS**

BAPTISM

Date: \_\_\_\_\_

Church: \_\_\_\_\_

Catholic?   Y   N

City/State: \_\_\_\_\_

FIRST EUCHARIST

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

CONFIRMATION

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Allergies/Medical Conditions/Medications/  
Special Needs/ Considerations: \_\_\_\_\_



**St. Rose of Lima Parish**

11701 Clopper Road, Gathersburg, MD 20878-1024

Phone: (301) 948-7545    Fax: (301) 869-2170    E-Mail: [strose@strose.com](mailto:strose@strose.com)

**OVER**

▼

**ST. ROSE YOUTH MINISTRIES**  
**6-12 Grade Religious Education**

Please check your Religious Education choice:

\_\_\_\_\_ Monday Night  
6-12 Grade  
Religious Education  
7-9pm, PCW

OR \_\_\_\_\_ Individual Home Study Program

Do you have internet access? Y N

OR \_\_\_\_\_ FIRE

Are you a returning FIRE family, already in an established FIRE community? Y N

If yes, what other families are in your group?  
\_\_\_\_\_  
\_\_\_\_\_

Confirmation Prep is a separate process for our youth in 8th grade & older that begins with our 'Confirmation Intakes' in Sept. Watch the Bulletin!

**MONDAY NIGHT, 6-12 GRADE RELIGIOUS EDUCATION PARENTS:**

Your time and talents are needed! How is God calling you to serve?

**IMPORTANT NOTE:** If desired, Co-Catechists receive a 100% fee waiver for their children, all other ministers receive a 50% fee waiver per child.

*Co-Catechist*– Plan/lead class activities with partner; training/support provided; a love for God and kids is all that is needed.

*Front Desk Manager* – Greet children/parents; maintain attendance records; monitor door to ensure safety.

*R.E. Coordination*— Maintain & Update Records, provide materials to Catechists, make calls, etc...

*Music/Liturgy Helper* – Assist with Openings &/or Night Prayer.

\_\_\_\_\_  
Parent name and ministry choice

\_\_\_\_\_  
Parent name and ministry choice

**ALL PARENTS:** What talents do you have to share with our children throughout the year at various family activities?

Storytelling    Video Production    Cooking/Baking    Sports    Dance    Prayer Leader    Writing Cards/Letters    Singing  
Piano    Guitar    Drama    Art    Carpentry    Photography    Event Organizing    Other? \_\_\_\_\_

\_\_\_\_\_  
Parent name and talents

\_\_\_\_\_  
Parent name and talents

**Program Fees:** Please make checks payable to "St Rose 6-12 Religious Education" and write your child's name in the memo line.

*If you have a younger child enrolled in the K-5 program, please send separate checks, [1/2 the family fee to each] one accompanying each registration form.*

	Before June 30	Before August 15	Full Tuition (after Aug 15)
One child	\$100	\$125	\$150
Family Fee (2 or more children)^	\$150	\$175	\$200
Fee for Co-Catechists	\$0	\$0	\$0

\*If you also have an older enrolled in K-5 program, pay half the family fee to Pre-K-Grade 5 and other half to 6-12 RE.

**FOR OFFICE USE**

Received: \_\_\_\_\_

Total Amt: \$ \_\_\_\_\_

Method: CASH CHECK # \_\_\_\_\_

\*Checks should be made payable to "St. Rose 6-12 Religious Education".

**NOTE:** No child will be denied religious education due to financial hardship.

PAID IN FULL?

**PERMISSION/RELEASE:** Please read and sign below...

I, the undersigned, give permission for my child(ren) listed above to attend Religious Education during the times noted above. I exempt and release the leaders of this activity and the officers, agents, and representatives of St. Rose of Lima Parish and the Archdiocese of Washington from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my child/myself incurred during the course of this program. I give permission for my child's image to be used in promoting our Youth Ministries. In the event that I cannot be reached, I grant permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. Rose of Lima Parish leader to ensure emergency medical treatment for my child if I cannot be contacted. I relieve St. Rose of Lima Parish, its agents and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of the emergency treatments. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling and procuring such treatment.

Signed: \_\_\_\_\_  
Parent(s)/Guardian(s) Date