

**ST. MARY CATHOLIC CHURCH**  
**K - 8<sup>th</sup> GRADE RELIGIOUS EDUCATION PROGRAM**

**SESSIONS BEGIN SUNDAY, AUGUST 20, 2017 at 9:45am**  
**Join us for a Coffee & Pastries Reception at the Cyr Center on the 20th**

**The COST PER CHILD is \$50.00 for SRE.**  
**(\$100 MAXIMUM PER FAMILY FOR SUNDAY RELIGIOUS ED. PROGRAM ONLY).**

**FOR 2<sup>nd</sup> GRADERS:** Please add an additional \$35 (Sacramental Preparation fee) *(Assistance Available)*  
If child was NOT baptized at St. Mary, a copy of his/her baptismal record must be on file at the Parish Office by October 1<sup>st</sup>

**FOR 8<sup>th</sup> GRADERS:** Please add an additional \$65 (Confirmation Preparation fee) *(Assistance Available)*  
If child was NOT baptized at St. Mary, a copy of his/her baptismal record must be on file at the Parish Office by October 1<sup>st</sup>

**Please fill out a separate form for each child and mail or drop-off at the Parish Office by Saturday, August 12, 2017**

Child's full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade level: \_\_\_\_\_ School: \_\_\_\_\_

Church where Baptized: \_\_\_\_\_ Year: \_\_\_\_\_ City/State \_\_\_\_\_

Parent name(s) : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_  Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Other \_\_\_\_\_

**In case of EMERGENCY, indicate in the brackets above in which order you would like us to contact you – (i.e. [1] home phone, [2] cell phone, [3] email, [4] other).**

**EMERGENCY CONTACT PERSON (if different from above)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In addition to the parent(s) listed above, to whom, if anyone, do you authorize St Mary Parish to release your child?

\_\_\_\_\_ PHONE \_\_\_\_\_

**(PLEASE COMPLETE OTHER SIDE)**

**EMERGENCY/MEDICAL CARE INFORMATION**

So that appropriate medical care can be provided:

Has this child been diagnosed with special needs. Y / N

Does this child have serious allergies? Y / N

What Sacraments has your child received? Baptism Y / N Confession Y / N Communion Y / N

Are there any other conditions regarding this child in which we should be aware? Y / N

If you have answered YES to any of the above questions, please explain/specify:

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I/We give permission for my son/daughter, in case of emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge to secure proper treatment for my son/daughter at my expense.

The undersigned parent/legal guardian grants permission to St. Mary Parish of Muncie, IN and the Diocese of Lafayette-in-Indiana to utilize the participant's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, related to St. Mary Catholic Church Programs.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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***VOLUNTEERS WELCOME, NEEDED AND APPRECIATED!***

I am/We are interested:

\_\_\_\_in assisting in my child's class      \_\_\_\_teaching in the Religious Education Program

\_\_\_\_in assisting the Religious Education Program

Area(s) of interest: \_\_\_\_\_

**For Administrative Use Only:**

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

Amount of Check: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Combined payment for several children: Y / N

Baptismal Certificate Received: \_\_\_\_\_