

2018-2019 TUITION:

There is no registration/tuition fee required for registered parishioners however as parents are the primary educators of their children's faith we encourage and invite all parents to participate in the adult faith deepening sessions offered. These sessions are held during the time the Sunday morning children's sessions are held.

EMERGENCY CONTACT:

Name	Relationship	Phone Number
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SACRAMENTAL HISTORY:

Please list all your children and indicate with a check mark sacraments that have received:

CHILD'S NAME	BAPTISM	RECONCILIATION	COMMUNION	CONFIRMATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

As the primary educator of my children in the ways of faith I promise that I will guide them in their faith development, sacramental preparation and assist them in their learning the basic prayers.

Parent ('s) Signature _____ Date _____

There is always a need for individuals who are willing to assist children in gaining greater knowledge of their faith, if you would like to volunteer in this way please indicate below.

Catechist___ (grade level) ___Substitute___ Classroom aide___ previous experience ___Yes___ No

PHOTOGRAPHIC AND INTERVIEW RELEASE

I hereby grant consent to the Catholic Archdiocese of Denver and Saint Louis Parish the right to use my child's/children's name(s) and likeness, whether in still, motion pictures, audio and video tape, DVD, photographs and/or reproductions including voice (including commentary, remarks, and/ or recordings); features, with or without their name, for any promotional purposes involving the Archdiocese of Denver or parish entity, for news and or feature stories in the Denver Catholic Register, parish bulletin, or other media (which includes internet, print, radio, television) or for other purposes whatsoever, except for the endorsement of any commercial product. These items may be used without limitation or reservation of any fee. NOTE: Minors cannot consent to media interviews or waive their privacy right, these decisions must be made by parents/guardians; therefore, this release form must be signed by a parent or guardian if the individual is a minor.

Parent ('s) signature _____ Date _____

**ST. LOUIS RELIGIOUS EDUCATION
REGISTRATION FORM
KINDERGARTEN thru EIGHTH GRADE
2018-2019**

The program curriculum used is the Faith and Life series published by Ignatius Press. The sessions for grades K-6 are held on Sunday morning from 10–11 a.m. and grades 7-8 Sunday afternoon from 3:30 – 4:45 p.m. **Although the Sunday morning sessions begin at 10:00 A.M. DO NOT leave Mass early as the celebration of the Eucharist is always to be a priority.** Scheduled sessions begin on **September 23rd**.

*St. Louis Parish is committed to **assisting** children in obtaining the truths of the faith which they through baptism have become a member. However we also recognize that **parents** by right and privilege are the **primary** educators of their children in the ways of their faith. Therefore **parents** of children who will be receiving the sacraments of Reconciliation, Confirmation and/or Eucharist will be provided with a handbook designed to assist them in their child’s sacramental preparation. Once parents have determined that their child is able to express an understanding of the sacrament they seek to receive an interview with the pastor must be scheduled, when in agreement a date may then be scheduled for the child to receive the sacrament. Children in the 2nd grade may after taking part on the sacrament of Reconciliation may receive their first Eucharist at any regularly scheduled Masses, children in grades 3-8 will receive their first Eucharist on the day of their Confirmation.*

NOTE: For children receiving a sacrament recent verification of their baptism must either accompany this registration or be received by the Religious Education office no later than December 1, 2016. Unless they were baptized here this verification can be obtained from the parish at which they were baptized.

Family Information:

FATHER _____
Last Name First Name

MOTHER _____
Last Name Maiden Name First Name

ADDRESS _____
Street City Zip Code

PHONE (HOME) _____ (CELL) _____ (WORK) _____

E-Mail) _____ Parish affiliation _____

Most effective way of communication: _____ phone _____ e- mail

Student Information:

First Name	Last Name	Birth Date	Public School and grade attending in 2018/19	<u>Last Religious Education grade attended</u>
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Is there any information we should know about your child, medication, allergies, etc.