

# St. Rocco's Church

931 Atwood Avenue · Johnston, RI 02919 · Tel. 401.942.5203 · Rel. Ed. Office Tel. 401.944.6040

## Religious Education Registration Form

PLEASE **PRINT** CLEARLY AND FILL IN ALL REQUESTED INFORMATION

STUDENT'S FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE IN FULL

PRESENT AGE: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone # \_\_\_\_\_  
M /D/YEAR

Street City State Zip Code

### CHECK THE LEVEL YOU WISH TO ENROLL YOUR CHILD:

\_\_\_\_ Pre-Communion \_\_\_\_\_ FIRST COMMUNION\*

\*To enroll your child in the First Communion Program, he/she must have completed Level 1 (Pre-Communion). Also, attach to this completed form, a copy of your child's Baptismal Certificate.

If your child is not baptized, please see our Pastor, Rev. Angelo Carusi, or Sr. Mary Antoinette.

\_\_\_\_ Level 3 \_\_\_\_\_ Level 4 \_\_\_\_\_ Level 5 \_\_\_\_\_ Level 6

\_\_\_\_ Pre-Confirmation \_\_\_\_\_ CONFIRMATION\*\*

\*\*To enroll your child in the Confirmation Program, he/she must have completed Pre-Confirmation. Also, attached to this completed form, a copy of your child's Baptismal and First Communion Certificate. If your child has not received one or both sacraments, please see Fr. Carusi, or Sr. Mary Antoinette.

**There will also be a separate sacramental fee for First Communion & Confirmation.**

Family Data: (PLACE A √ IN THE BOXES BELOW IF THE INFORMATION IS THE SAME AS THE STUDENT'S ABOVE.)

\_\_\_\_\_  
Mother's Name/Legal Guardian (Mrs., Ms., Miss)

\_\_\_\_\_  
Father's Name/Legal Guardian Title (Mr.)

Street \_\_\_\_\_

\_\_\_\_\_

City, St., Zip \_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_

\_\_\_\_\_

Cell Phone# \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_\_

Maiden Name \_\_\_\_\_

If applicant is not living with both parents, to whom and at what address should mail be sent. (No P.O. BOXES)

\_\_\_ MOTHER \_\_\_ FATHER

ADDRESS: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE

**Location & Times of Classes** ~ all classes will take place in St. Rocco School.

- Levels 1-5 will meet Sundays from 8:30am SHARP to 9:50am.
- Levels 6-8 will meet Monday evenings from 6:30pm SHARP – 8:00pm.
- Students in the Religious Education Program are required to attend Mass weekly.
- If you attend another church, please bring a signed bulletin to your next class.

**Registration Fees** ~ The registration fee for the 2020-2021 school year is \$50.00 per student, not to exceed \$100.00 per family. Please make checks payable to St. Rocco Church and attach it to this completed form(s). This fee is for the purchase of books and materials needed in educating your child. If you are unable to meet this fee because of genuine hardship, please contact Sr. Mary Antoinette. This will not be a barrier to enrolling your child in religious education.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU, WHOM SHOULD WE CONTACT?

NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_ Cell \_\_\_\_\_

Please list all the adults (including parents) authorized to pick up your child. Your child will not be released to any other adult who is not listed below:

Emergency Name#1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Name#2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Name#3 \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

STUDENT MEDICAL INFORMATION

Allergies \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

~ Photo Image Consent Form ~

I, the undersigned, do hereby give permission or not to St. Rocco Parish and the Religious Education Program to use, publish, display, and/or reproduce any video/recorded voice/digital media, photographs of my son/daughter in promotional materials for St. Rocco Parish and the Religious Education Program. (Please circle one)

I/we **DO GIVE PERMISSION** for \_\_\_\_\_ or **DO NOT GIVE PERMISSION** for \_\_\_\_\_  
Child's full name Child's full name

to use an image/photograph/video clip/voice as described above. We are willing to release this into the public domain for promotional purposes and understand that no monetary compensation will be given for its use.

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Print Name Signature

Date \_\_\_\_\_

**Special Note: All students participating in the Religious Education Program must provide a copy of the certificates of the Sacraments they have received thus far if you have not yet done so.**

FOR OFFICE USE ONLY

BAPTISMAL RECORD YES ( ) NO ( ) DATE \_\_\_\_\_  
1st PENANCE YES ( ) NO ( ) DATE \_\_\_\_\_ 1st COMMUNION RECORD YES ( ) NO ( ) DATE \_\_\_\_\_  
REGISTRATION FEE YES ( ) NO ( ) FEES W/ \_\_\_\_\_ / \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_ CK. # \_\_\_\_\_ CASH \_\_\_\_\_ RECD. BY \_\_\_\_\_ DATE \_\_\_\_\_