

Registration for Religious Education Classes PreK-Grade 5

Family Last Name _____ Parent(s) First Name(s) _____ Date _____

Address _____ Street _____ City _____ Zip _____ Email _____
Help keep our records current. Please send changes to kelliott@popplano.org.

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Please provide the name and phone number of a responsible adult who may be reached while your child is in class, and state their relationship to your child.

Contact Name _____ Relationship to Child _____ Contact Number _____

<u>Program Options</u>	<u>Ages</u>	<u>Tuition Fees</u>	
Sunday Preschool	Ages 3-5	1 child	\$65
Faith First Sunday	Grades 1-5	2 children	\$75
Faith First at Home	Grades K-5	3 children or more	\$85
FIRE	Grades K-5	Sacrament Preparation	\$35 per child
Sacrament Preparation	see pink forms		

Please review the enclosed tri-fold brochure for a complete description of each program and select **ONE** program per child.

If your child is preparing to receive First Reconciliation/First Eucharist, please also complete a pink Sacrament Preparation Registration Form.

If you are interested in enrolling your child in our Special Needs class, please call our offices for instructions.

Classes will not begin until we have an adequate number of volunteer catechists.

Child's First & Last Name	Age	Grade	Date of Birth	Name of School	Sunday Preschool		Faith First Sunday	Faith First at Home	FIRE	Please Indicate All Sacraments Received			
					9 ³⁰	11 ¹⁵	11 ⁰⁰ - 12 ¹⁵			Baptism	Reconc	Eucharist	

Please return this form, along with a check payable to Prince of Peace Catholic Community, to Kay Elliott by **September 15, 2010**. The deadline for Preschool is **August 30th**.

To enroll your child in Sacrament Preparation classes, please complete a pink Sacrament Preparation Registration Form and submit it with a check for \$35.00 per child.

Please include a copy of each child's baptismal certificate or, if the child has not been baptized, supply a copy of his or her birth certificate.

If you need assistance obtaining a current baptismal certificate, please let us know so we can help you. Forms may be mailed to Kay Elliott's attention or dropped off at the Pastoral Center during business hours. Once your registration has been processed, a calendar and information regarding orientation will be sent to the email address provided on this form.

If no email address is provided, information will be mailed to the home address. If you have questions, please call Kay Elliott at 972-380-2100 x158.

Our Faith First and Sunday Preschool programs are taught by trained PARENT VOLUNTEERS.

If you are interested in volunteering, please indicate below:

- I'm interested in team-teaching Faith First Sunday.
The grade level I'd like to teach is _____.
- I'm interested in teaching Sunday Preschool.
 - Co-Teacher
 - Teacher Assistant
 - I can sub or provide extra help as needed.

Release Agreement

The UNDERSIGNED gives Prince of Peace Catholic Community (the Parish) and The Catholic Diocese of Dallas, its legal representatives, successors, and all persons or corporations acting with their permission, unrestricted permission to videotape, copyright and/or use, and/or publish photographic portraits or pictures of me, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, moving or video format, or in which I may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made through any or otherwise make reproductions of my voice for the purposes of creating videos and other media used in the development of newsletters or publicity materials for Prince of Peace Catholic Community.

I hereby waive my right that I may have to inspect and approve the finished product or copy that may be used in conjunction with an image that the Parish or Diocese has taken of me, or the use to which it may be applied. I further acknowledge that I will not be compensated for these uses, and that the Parish exclusively owns all rights to the images.

The UNDERSIGNED releases Prince of Peace Catholic Community and the Catholic Diocese of Dallas, its successors, assigns, employees, and agents from any and all claims for compensation, damages, or rights to monies arising out of the use by the Parish or third parties.

Medical Information

In order to properly train our volunteers, we ask that you provide information about any medical conditions that your child/children has/have that may require accommodation by our religious education structure. Please be as clear and complete as possible.

The following child/children has/have an identified medical condition:

Child's or Children's Names

Please specify the medical condition(s):

Permission to Participate/Release of Liability

I, _____, give permission for my child/children

to participate in the Children's Religious Education Program.

I release all directors and volunteers from liability and negligence in case of accident or injury to my child.

Signature of Parent or Guardian

Date