

St. Raymond of Peñafort Religious Education 2017-2018

Registration Requirements

Parish Registration Required For Enrollment

CCD Fees: Due at registration
Baptismal Certificate: For 1st & 7th grades

8750 Pohick Road, Springfield, VA 22153
 703-440-0537
 ReligiousEducation@straymonds.org

For Office Use Only	
Registration Received:	_____
# of Children:	_____ Fee Due: _____
Admin Fee:	_____ Fin. Aid: _____
Catechist Discount:	_____
Donation Amount:	_____
Amount Paid:	_____ Check #: _____

ONLINE REGISTRATION OPTION:

www.straymonds.org/ReligiousEducation/Registration

PLEASE PRINT LEGIBLY ALL REQUESTED INFORMATION

Parent/Guardian Last Name	Mother's Name	Father's Name
Home Phone	Mother's Cell	Father's Cell
Street Address	Mother's Work	Father's Work
	Primary Email	Emergency Contact Info (name/phone/relation)

STUDENT'S FULL NAME			GENDER M / F	CLASS SCHEDULE CHOICE			GRADE IN 2017-2018	DATE OF BIRTH XX/XX/XX	SACRAMENTS RECEIVED (Y/N)?		
Last	First	MI		Indicate Sun/Mon/Tues 1st Choice 2nd Choice 3rd Choice					First	Baptism	Communion

Where did students attend religious education classes in 2016-2017?

CLASS SCHEDULE

Sunday	6:30 - 8:00 PM	Grades 1-12
Monday	4:45 - 6:15 PM	Grades K-8
Tuesday	6:00 - 7:30 PM	Grades 1-8

CHILDREN RESIDE WITH:

BOTH PARENTS

MOTHER

FATHER

OTHER*

CARPPOOL AUTHORIZATION

NAME: _____
 CONTACT INFO: _____
 PARENT SIGNATURE: _____

RCIC (Rite of Christian Initiation for Children) and Good Shepherd (special needs) classes available

FEES (financial aid available)

Please make checks payable to St. Raymond Rel. Ed.

1 Student	\$100
2 Students	\$115
3+ Students	\$130
First Communion Admin Fee	\$10/child
Confirmation Admin Fee	\$50/child

* Name & Relationship: _____

CONTINUED ON BACK

Special Student Accommodations (this information will be kept confidential):

Please note any allergies or other pertinent information, including special educational accommodations (IEP, etc.), which will help us to provide a positive learning environment for your child. **By leaving this blank, you are stating that your child has no need for special accommodations.**

CHILD'S NAME/SCHOOL/ACCOMMODATION/ALLERGY: _____

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FORMATION IN CHRISTIAN CHASTITY PROGRAM

The Office of Child Protection and Safety for the Diocese of Arlington provides programs to ensure a safe environment for children within the community of the Church. Children are the most precious resource of the family and the Church. The greatest care must always be taken when the safety of children is involved. The Diocese of Arlington is committed to providing a safe environment to all children entrusted to our care and assisting each child to grow in grace and wisdom. Depending on the age of the child, and with parental permission and involvement, the Diocese of Arlington offers several training programs designed for youth to allow them to be a last line of defense and to ensure every child has the tools necessary to combat abuse.

For children in diocesan schools or in religious education programs at parishes in grades 1-8, the Diocesan training program used is **Formation in Christian Chastity**. For children in diocesan high schools or in youth ministry or high-school religious education programs at parishes, the training program may be either **Called to Protect** or **Tricked** at the choice of the pastor or principal.

Please **INITIAL** below whether or not you wish your child(ren) to participate in the program. If you choose not to have your child(ren) participate, you will receive an official Arlington Diocese Opt-Out Form (for each child) to be completed and returned to the Religious Education Office.

_____ Yes, my child(ren) may participate in the "Formation in Christian Chastity/Called to Protect" lesson.

_____ No, my child(ren) may NOT participate in the "Formation in Christian Chastity/Called to Protect" lesson

INFORMATION ON THIS PROGRAM IS AVAILABLE ON THE DIOCESAN WEBSITE: <http://www.arlingtondiocese.org/Child-Protection/Youth-Training-Programs/>