

**St. Raymond of Peñafort Religious Education 2020-2021**

**Registration Requirements**

**Parish Registration Required For Enrollment**

**CCD Fees:** Due at registration  
**Baptismal Certificate:** Due upon initial registration

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

**ONLINE REGISTRATION OPTION:**

www.straymonds.org/ReligiousEducation/Registration

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

**PLEASE PRINT LEGIBLY ALL REQUESTED INFORMATION**

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

FULL NAME OF STUDENT(S) Last First MI	SEX M / F	CLASS SCHEDULE CHOICE Indicate Sun/Mon/Tues in boxes below 1st Choice 2nd Choice 3rd Choice			GRADE IN 2020-2021	DATE OF BIRTH XX/XX/XX	SACRAMENTS RECEIVED (Y/N)? Baptism Communion Confirmation		

Where did students attend religious education classes in 2019-2020?

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 (8<sup>th</sup> grade) \$50/child

\* Name and Relationship: \_\_\_\_\_  
 \_\_\_\_\_

The FCPS Family Life Education Program (FLE) contains elements which compromise Church teachings. Have you opted your child(ren) out of this program?

YES  NO

**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, 504, 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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CHILD'S NAME/SCHOOL/ACCOMMODATION/ALLERGY:

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**DECLARATION**

I hereby authorize the Diocese of Arlington and St. Raymond of Penafort Catholic Church to use my child's picture or video for educational and/or marketing purposes. Yes \_\_\_\_\_ No \_\_\_\_\_

I acknowledge that I am aware of my role and responsibility of primary catechist of my children. I agree to comply with the policies and requirements of the St. Raymond Religious Education program. **(Please sign below)**

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**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. 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 permit them to be a last line of defense and to ensure every child has the tools necessary to combat abuse.

For children in grades 1-8 Religious Education, St. Raymond Catholic Church uses the Diocesan training program **Formation in Christian Chastity**. For high school aged children in Religious Education or youth ministry the training program used is **Called to Protect**.

**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/>