

St. Pius Religious Education for Children Office
1100 Woodside Rd.
Redwood City, CA 94061
(650)368-0429

August, 2007

Dear Families,

This file contains the registration information you requested for our parish Religious Education program. Please read the forms carefully and fill in all the needed information.

A **New Registration Form, Volunteer Form** and a **Medical Emergency Information** form for **each child** must be completed and turned in before your child/ren are accepted into the program. If you need additional forms please call and we will send them to you.

Families in the Religious Education program are required to be registered members of the Parish. You can register by downloading the forms online at www.pius.org or by calling the parish office at 361-1411 to have us mail you a registration form.

We have classes for **kindergarten through Grade 8** on Wednesdays, 3:45-5 pm, **or** on Sundays, 10:30-11:30 am. For kindergarten through Grade 8 please be sure to indicate on your forms if you want to attend classes on **Wednesday or on Sunday.**

Please note: For **preparation for First Confession and First Communion**, the parish has adopted a **two-year preparation program.** Students will attend an age-appropriate class giving an overview of the faith in the first year. Preparation for sacraments will be done in the second year.

In September, you will receive a calendar of classes for the year and further information about the beginning of classes. Space in our classes is limited so please return the forms as soon as you can.

If you have any questions please do not hesitate to call.

Sincerely,

Maria Cornell
Director of Religious Education

St. Pius Religious Education Registration 2007-2008

PLEASE PRINT AND GIVE ALL INFORMATION.

FILL IN ONE FORM FOR EACH CHILD

Date _____ Please circle preferred day for classes Wednesday Sunday

STUDENT INFORMATION:

Child's Name _____
Last First Middle

Address _____ Home Phone _____
Street & Number City Zip

School _____ Grade _____ Age _____ Gender F / M

Birthday _____ City & State of Birth _____
Month Day Year

FAMILY INFORMATION: Registered in Parish? Yes/ No (You must register in the parish to enroll)

Father's Name _____ Work Phone _____
Cell Phone _____

Mother's Name _____ Work Phone _____
Cell Phone _____

Email _____

Does ONE parent have SOLE physical or legal custody of the child? Yes/No If yes, who? _____

Preferred method of contact: US mail email

All Correspondence is to be mailed to (if different from above): Name _____

_____ Address City Zip

PARENT AGREEMENT

I agree to support the Religious Education Program by helping my child with her/his work, by attending required meetings, and by participating in Program events.

Signature _____

SACRAMENT INFORMATION (Please circle one)

Has child been baptized? Yes – Please attach copy of certificate No

Has child received First Communion? Yes No

***** **For Office Use Only** *****

Class Assignment _____

Payment Received _____ Date _____

Emergency Form In (Date) _____ Volunteer Form In (Date) _____ Registered In Parish? _____

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VOLUNTEER FORM 2007-2008

We are always in need of help. Please check your areas of interest. If you are able to help only part of the time please note when you are available. Any assistance you can give is greatly needed and appreciated.

Please circle preferred day to help, if applicable. Wednesday Sunday

_____ **Teacher** We are in need of teachers for our Wednesday and Sunday classes. You can team teach with another person or by yourself. Each class will have at least one aide. Please indicate grade preference, if you have one. _____

If teachers have children in the Religious Education Program they do not pay tuition.

_____ **Substitute Teacher** Please indicate grade preference, if you have one. _____

_____ **Classroom Aide** Assist the teacher in the classroom by taking attendance, helping the children with art projects, etc. Please indicate grade preference, if you have one. _____

If aides have children in the Religious Education Program they do not pay tuition.

_____ **Substitute Aide** Please indicate grade preference, if you have one. _____

_____ **Hall Monitors** Supervise the children outside until the teachers are ready

Hall Monitors who do this on all class days do not pay tuition.

_____ **Child Care for the Teachers** Needed to watch the younger children of teachers and aides.

Tuition is waived for anyone who commits to this on a weekly basis.

_____ **Substitute for Child Care**

_____ **Office Help during class time** Needed periodically during class time to answer the phone, get supplies for teachers, supervise students who are ill, etc.

_____ **Sunday Coffee and donuts** Set up, serve, and clean up. Donuts are provided after the 9:30 am Mass.

This does not take much time and it is a great way to meet members of the parish. Commitment is for once or twice a year.

_____ **Telephoning** _____ **Baking** for special occasions, such as the Christmas Program Reception, First Penance Celebration, etc.

_____ **Help set up, serve, and clean up for celebrations** such as the Christmas Program Reception, First Penance Celebration, etc.

_____ **Other special talents.**

Parent's Name _____ **Phone** _____

Best time to call _____ (Please Print)

Email _____ Preferred method of contact: **Phone** **Email**

Office Use Only

Class assignment _____

St. Pius Religious Education Program 2007-2008

MEDICAL EMERGENCY INFORMATION

Please fill in all information

Child's Name _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Doctor's Name _____ Office Phone _____

Medical Clinic _____ Office Phone _____

Local Medical Emergency Contact **NOT** a Parent:

Name _____ Phone _____

In case of a medical emergency, if I cannot be contacted, I give St. Pius Religious Education Program permission to obtain suitable medical assistance for my child.

Parent/Guardian Signature _____ **Date**

In case of a **non-medical emergency**, indicate 2 additional **local** people who have your permission to pick up you child.

Name _____ Phone _____

Name _____ Phone _____

Does your child have difficulties with seeing, hearing, reading, allergies or any medical problems? Yes / No

If **yes**, please explain:

