

**St. Robert Parish—2011-2012
Religious Education Registration Form
K-5 through Gr. 8**

**Please return to:
St. Robert Religious
Education
4019 N. Farwell Avenue
Shorewood WI 53211**

PLEASE PRINT—and be sure to fill out reverse side

Household Last Name: _____

Address: _____ City/State/ZIP : _____

Home phone: () _____ Cell: () _____

Email: _____
(Please print clearly!)

Mother's Name: _____ Father's Name: _____

Religion: (Mother) _____ Religion: (Father) _____ Parish Member(s)? _____

Name of Child	Birth Date	Grade in 2011-12	School	Sacrament(s) Received		
				Baptism	First Eucharist	Reconciliation

If new to the Religious Ed. program OR if your child is receiving a sacrament in 2011-2012 PLEASE PROVIDE A BAPTISMAL CERTIFICATE. If your child was baptized at St. Robert Parish please give the date of baptism here: _____

Child(ren) resides with: _____ Both Parents _____ Mother _____ Father _____ Other

Are there any custodial issues we need to be aware of? _____

Any allergies or special needs we need to know about? _____

Please explain other concerns we should be aware of. _____

**FEE per STUDENT: \$55.00 if registered on or before 8/11/2011
\$65.00 if registered after the above date.**

***Fee for children of catechists: 50% of regular registration fee!**

No student will be denied religious formation due to financial hardship. If you are unable to pay the fee at this time, please call Gail DeFrancisco, Director of Religious Education, at 332-1164, ext. 3012. If you are able to contribute to a scholarship fund for Religious Education, it will be greatly appreciated.

Sacrament preparation (First Reconciliation & First Eucharist) will be offered separately. Watch for more information!

→→→Please complete reverse side→

St. Robert Parish

4019 N. Farwell Ave.

Shorewood WI 53211

Phone: (414) 332-1164

Parents: Please fill out ONLY the statement that applies.

PHOTO RELEASE STATEMENT

I hereby **GRANT PERMISSION** for my child(ren), _____ [please write name(s)] to be photographed and/or videotaped during Religious Education (including Catechesis of the Good Shepherd) and other church-related activities and events. I understand that my child(ren) may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the religious education and/or church-sponsored youth programs in both St. Robert and Holy Family Parishes.

Parent Name (PLEASE PRINT) _____

(SIGNATURE) _____ DATE _____

DECLINE RELEASE STATEMENT

I hereby **DECLINE TO GRANT PERMISSION** for my child(ren), _____ to be photographed and/or videotaped during Religious Education (including Catechesis of the Good Shepherd) and other church-related activities and events.

I have instructed my child(ren) to decline to be photographed and/or videotaped at all times. I have further instructed my child(ren) to notify church coordinators and/or volunteers in leadership positions that he/she may not be photographed and/or videotaped under any circumstances.

Parent Name (PLEASE PRINT) _____

(SIGNATURE) _____ Date _____

