

Office Use
Date of Registration _____
Amount Paid _____

RE-MIX 2010-2011
6th-8th Grade Religious Education
RE-REGISTRATION FORM

This form should only be completed by parents, legal guardians, or other adults legally responsible for religious education

RE-REGISTRATION FORMS ARE DUE **JUNE 30, 2010.**

Please return to **St. Paul's Catholic Church Attn: RE-MIX/Diana Healy**
3755 St. Paul Street, Ellicott City, MD 21043

\$50 for 1 Middle School student.
\$75 for 2 or more Middle School students.

PLEASE CHECK ONE:

_____ My Child will be returning for the 2010 – 2011 school year.

_____ My Child will NOT be returning for the 2010 – 2011 school year. Please briefly state reason below.

Please give the information below as of this coming September 2010.

Family Name	Students Full Name (first and last)	Grade	School	Birthday	Sacraments
_____	_____	_____	_____	_____	B E R C
_____	_____	_____	_____	_____	B E R C
_____	_____	_____	_____	_____	B E R C
_____	_____	_____	_____	_____	B E R C

(Please circle the sacraments your child has received B = Baptism E = Eucharist R = Reconciliation C = Confirmation)

HOME ADDRESS _____

CITY /STATE _____ ZIP _____ HOME PHONE _____

FATHER'S NAME

Mr. _____ WORK PHONE _____
(First) (Last)

CELL PHONE _____ E-MAIL ADDRESS _____

ADDRESS (If different than above) _____

MOTHER'S NAME

Mrs. Ms. Miss _____ WORK PHONE _____
(First) (Last)

CELL PHONE _____ E-MAIL ADDRESS _____

ADDRESS (If different than above) _____

EMERGENCY CONTACT (if parents cannot be reached) _____
(Name) (Phone #)

TO UPDATE OUR RECORDS, Please list any HEALTH PROBLEMS (including allergies), learning difficulties, or other concerns that may affect each student EVEN IF IT MAY HAVE BEEN PREVIOUSLY RECORDED.

PLEASE LIST ANY SPECIFIC FOOD ALLERGIES OR DIETARY RESTRICTIONS.

Please read and sign below.

Parents/guardians of Middle School students are advised that photographs or videotape of youth ministry events may be used in publications, websites or other materials produced from time to time by St. Paul's Church (ie. youth ministry fliers, local newspapers, The Catholic Review, the parish website). Youth would not be identified, however, without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify St. Paul's in writing.

PARENT SIGNATURE _____ **DATE** _____

We will be using e-mail more frequently this coming year to keep families informed of the calendar, to provide resources for parents of Middle School students, and to let you know of important updates and inclement weather closings. What e-mail address/addresses do you check regularly and would you prefer that we use to get in touch with you?

Preferred E-mail Address (es) _____

I can volunteer this year as:

- _____ **Small group Leader/Catechist**
for all 15 sessions _____
for (Sept. 26- Oct. 24) _____
for (Dec. 12- Jan. 30) _____
for (Feb. 27- March 27) _____

- _____ **Substitute Catechist**
- _____ **Building Monitor**

Please send more info.

I can help with:

- _____ **November 13 Service Projects**
(12-15 adults needed)
- _____ **February 5 Service Projects**
(12-15 adults needed)
- _____ **April 2 – 8th Grade Retreat**
- _____ **April 30- 6th and 7th Grade Retreat**

Call us if you need help with:

- _____ **snacks** _____ **set-up/clean-up**
- _____ **chaperones** _____ **mailings**
- _____ **other** _____