ST. RITA CATHOLIC CHURCH RELIGIOUS EDUCATION REGISTRATION

2024-2025 1st-12th Grade

Mondays (Elementary school) and Wednesdays (Middle School), 6-7pm

Religious Education Fee: \$\bigsim\$\$80 one student **□\$100** two or more students *Tuition Assistance is available. Please contact the Parish Office at (703) 836-1640. No one is refused enrollment for inability to pay. **FAMILY INFORMATION** Family's Last Name: Street Address (include apartment number, if applicable): City/State: Zip: _____ Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (Specify name and relationship): Registered at St. Rita Church: Yes No Language spoken at home: Were members of this family previously enrolled in St. Rita's Religious Education Program? ☐ No PARENT/GUARDIAN INFORMATION Who is the primary contact? ☐ Parent/Guardian #1 ☐ Both Parents/Guardians ☐ Parent/Guardian #2 Parent/Guardian #1 Parent/Guardian #1 Name (First and Last): Relationship to Student: _____ ____ Religion: ___ Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed Does Parent/Guardian #1 live at Family Street Address? Yes No Cell/Work Phone: I would like to volunteer, please contact me: ☐Yes ☐No Parent/Guardian #2 Parent/Guardian #2 Name (First and Last): Relationship to Student: ______ Religion: _____ Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed Does Parent/Guardian #2 live at Family Street Address? Yes No Cell/Work Phone:

I would like to volunteer, please contact me: \(\subseteq \text{Yes} \) \(\subseteq \text{No} \)

EMERGENCY AND RELEASE INFORMATION Name of Emergency Contact: Emergency Contact Phone Number:______ Relationship to Student: _____ Who may pick up your child(ren)? Who may <u>never</u> pick up your child(ren)? _____ Should the need arise, I give permission for my child(ren) to receive emergency medical care while participating in Parish Religious Education and Youth Ministry Programs. Yes \prod No PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or video for which my child(ren) posed, and/or any voice recordings. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child(ren) with or without his/her name and for any lawful purpose, including, for example, publicity, illustrations, bulletins, news and web content. Yes (with or without name) Yes (without name only) \prod No Other SAFE ENVIRONMENT/CHASTITY TRAINING The parish offers safety environment/chastity training each year in accord with the Catholic Diocese of Arlington. I OPT OUT for my child(ren) (they may NOT participate). My child(ren) will participate. **CODE OF CONDUCT** I agree that my child(ren) and I shall abide by the rules and expectations outlined below. I have reviewed them and discussed the rules and consequences with my child prior to signing this form. I agree that if my child chooses to disregard the Code of Conduct, they may be restricted from future attendance without the possibility of a refund. I will come to class on time and ready to learn. ☐ I will not prevent others from learning. I will give respect and expect respect. ☐ I will be kind in word and action. If others do not follow these rules, I will go to my teacher for help. I will attend Mass every Saturday/Sunday and Holy Days of Obligation with my family. STUDENT INFORMATION Student Name (First and Last): Gender: Male Female Date of Birth: Place of Birth (City/State):____ Has this student been Baptized (if yes, please provide a copy of baptism record to RE Office)? Yes No Year of Baptism: _____ Church of Baptism (name and city/state): _____ Yes Has this student made his/her First Penance? No Year of 1st Penance: \square Yes \square No Has this student received First Holy Communion? Year of 1st Comm.: Has this child received Confirmation? Yes No Year of Confirmation: Grade in Fall 2024: Name of School: Most of our RE classes are taught in English. Would you prefer for your child to attend class in Spanish? Yes No Please list any special learning/medical needs for this child: Please list any allergies for this child:

Please include any special notes for the teacher:

Parent/Guardian Signature

Date