


ST. MARY MAGDALENE
Religious Education Registration 2017-2018

New Returning

<i>For office use only:</i>	
Amount pd _____	
Check # _____	
Cash _____	
Copy of Baptism Cert <input type="checkbox"/>	

Family Last Name _____

Home Phone # _____

Home Address _____ City _____ Zip _____

Father's Name _____
First, Middle, Last

Religion _____

Occupation _____

Phone _____

Mother's Name _____
First, **Maiden Name**, Last

Religion _____

Occupation _____

Phone _____

FAMILY E-MAIL ADDRESS: _____

Is your family registered at St. Mary Magdalene? Y / N Other parish ? _____

*******STUDENT INFORMATION*******

In an emergency contact: _____
Name **Telephone**

CHILD #1: Name _____ M or F
LAST FIRST

Child's Date of Birth _____ / _____ / _____ Grade in Fall _____
Month Day Year School

BAPTISM _____ BAPTIZED CATHOLIC? Y/N
Date Name of Church City State

1st RECONCILIATION Date _____ Name of Church _____ CITY/ST _____

1st EUCHARIST Date _____ Name of Church _____ CITY/ST _____

Child resides with: both parents _____ one parent _____ shared custody _____ other _____

Any HEALTH or LEARNING concerns: _____

Sacramental Preparation (2 year program)

1. Does your child need preparation for a sacrament? YES/ NO
2. If yes, has your child completed one full year of religious education? YES/ NO
3. Please specify which sacraments are needed (circle below):

BAPTISM RECONCILIATION EUCHARIST CONFIRMATION

(Please Complete Backside)

ADULT VOLUNTEER SIGN-UP FOR CCD

*Parents, we depend on **YOU** to keep our program alive. Please volunteer for one of the following:*

PARENT NAME _____ PHONE _____

I am willing to help in the following areas.

_____ Lead Teacher (team teach every **other** week)

_____ classroom aid (assist teacher)

_____ assist with monitoring outside tables and bathrooms during classes and safety at dismissal

_____ assist with special programs (i.e. Christmas program)

_____ Increase knowledge of faith (take Basic Catechist Course)

_____ Other gifts I have that I would like to share _____

PHOTO RELEASE:

I authorize St. Mary Magdalene Church, of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph my child/children during program activities. These photos may be used for purposes of marketing and/or promoting the interests of religious education at St. Mary Magdalene, as well as furthering the mission of the parish, including its use in any printed materials, the parish directory, the parish bulletin, the parish web site, and any other visual display or media. I understand that such photos, if used for parish related purposes, will not be used for any commercial purpose whatsoever. I therefore waive any kind and all rights I or my child/children may have for remuneration of any kind that could otherwise accrue for the use of such photos.

Signature of parent/guardian _____ (relationship to student) _____ Date _____

MEDICAL CONSENT:

I hereby authorize Church of St. Mary Magdalene, their agents, employees, and volunteers to act on my behalf to consent to medical, dental, surgical or other emergency care for minors(s) listed on this form deemed advisable to be rendered under the supervision of a licensed health care provider. By enrolling my child(ren) in Religious Education at Church of St. Mary Magdalene, we hereby release and relieve Church of St. Mary Magdalene, of the Catholic Diocese of San Diego, their agents, employees, and volunteers from all liability from accident or injury arising from any and all activities.

Signature of parent/guardian _____ (relationship to student) _____ Date _____

- ◆ **Tuition: \$80.00 for one child, \$110 for two children, \$130 for three or more children**
Please contact the Religious Education Office in the case of financial hardship

Please return this form to:
Sofia Segovia, Director of Religious Education
1945 Illion St. San Diego, Ca. 92110
(619) 276-1248 - religioused@stmarymagonline.org

ST. MARY MAGDALENE
Pre-School Registration (3yrs - 4yrs old) 2017 - 2018



Classes will be held on Sundays, starting **SEPTEMBER 24**, for Pre-School from **9:00-10:00am**
at the School of the Madeleine (across street & downstairs in the Kindergarten Patio)

Family Name _____

Mother's Name _____ Father's Name _____

Home Address _____
Street City Zip Code

Telephone (Home) _____ (Cell) _____

Family Email Address _____

CHILD #1: Name _____
LAST FIRST

Child's Date of Birth ____ / ____ / ____ Sex: Male/Female Age ____
Month Day Year

Preschool Name: _____

Any HEALTH or LEARNING concerns: _____

♦ **Parents, we depend on YOU to keep our program alive. Please volunteer for one of the following:**

____ ***We need parents to lead ONE class a MONTH. Lessons handouts are provided.***

____ ***Lessons also include a story, craft, & snack and playtime.***

____ ***Assist in classroom as an aid***

____ ***Help as a substitute teacher***

Parent's Name _____ **Phone #** _____

MEDICAL CONSENT:

I hereby authorize Church of St. Mary Magdalene, their agents, employees, and volunteers to act on my behalf to consent to medical, dental, surgical or other emergency care for minor(s) listed on this form deemed advisable to be rendered under the supervision of a licensed health care provider. By enrolling my child(ren) in Religious Education at St. Mary Magdalene Catholic Church, we hereby release and relieve Church of St. Mary Magdalene, of the Catholic Diocese of San Diego, their agents, employees, and volunteers from all liability from accident or injury arising from any and all activities.

Signature of parent/guardian (relationship to student) Date

Emergency Contact's Name _____ Number _____

Tuition: \$70.00 per child. Parent Volunteers do not need to pay.
Please contact the Religious Education Office in the case of financial hardship

Check _____ cash _____ paid

