

St. Francis Religious Education Student/Family Registration 2011-2012 (1 per family)

Mailing address: P.O. Box 609, Dracut, Ma. 01826

Telephone 978 453-4460

Date _____
Family Last Name _____ Email _____
Home Address _____
Father's Name _____
Religion _____ Home Phone _____
Mother's Name _____
Religion _____ Mother's Maiden Name _____
Custodial parent, if different from above _____

Child's Name _____
Date of Birth _____ Male _____ Female _____
Grade _____ (Sept. 2011) School Attending _____
Baptism Date _____ Church _____ Town _____
Communion? Yes _____ No _____
Special Needs: Medical, learning disabilities or physical disabilities _____
Allergies _____ Does your child carry an Epipen? _____
Who will be bringing your child home from Religious Education Class each week?

Child's Name _____
Date of Birth _____ Male _____ Female _____
Grade _____ (Sept. 2011) School Attending _____
Baptism Date _____ Church _____ Town _____
Communion? Yes _____ No _____
Special Needs: Medical, learning disabilities or physical disabilities _____
Allergies _____ Does your child carry an Epipen? _____
Who will be bringing your child home from Religious Education Class each week?

Child's Name _____
Date of Birth _____ Male _____ Female _____
Grade _____ (Sept. 2011) School Attending _____
Baptism Date _____ Church _____ Town _____
Communion? Yes _____ No _____
Special Needs: Medical, learning disabilities or physical disabilities _____
Allergies _____ Does your child carry an Epipen? _____
Who will be bringing your child home from Religious Education Class each week?

In case of **emergency** who should we contact? Phone # _____
If class is **cancelled** who should we contact? Phone # _____

Note--Parental Restrictions: please inform us of any court ordered restrictions regarding your children. Documentation must be provided to honor your request. →

Volunteer Opportunities

_____ Teacher Grade _____ Time _____ Day _____

_____ Generations of Faith: set up hall, decorating, serving cleaning

_____ Fundraising: Harvest on the Hill, Christmas Calendars, Selling cookie dough & soup

All volunteers must attend a one time Virtus Training Session (3 hour course) and complete a Cori Form yearly required by the Archdiocese of Boston .

All teachers must attend 4 weeks of continuing teacher training yearly.

Teachers will receive one child's tuition FREE

Our Religious Education Program for grades K-11 is as follows:

Kindergarten Class 19--60 minute classes and 4 whole family GOF events.

(Kindergarten is available but not required)

Day/time: TBD

Grades 1 thru 6 19--60 minute classes and 4 whole family GOF events.

(Grade 2 - 1 mandatory Eucharist retreat)

Choice of Time: 4:30-5:30pm or 5:45-6:45pm

Days: TBD (This will depend on the availability of the teachers)

Please let us know when you are available (2 different choices)

Day: Mon. Tues. Wed. Thurs.
Time: _____

Grades 7 and 8 16---90 minute classes and 4 whole family GOF events, 1 retreat,

Participate in Good Friday Walk for Hunger

Day/time: _____ Mon. 6:15-7:45pm Or

_____ Wed. 5:00-6:30pm (space is limited)

Grades 9 - 11 **9th Grade** class time: 3:45-6:00pm **10th Grade** class time: 5:00-7:30pm

Confirmation program is on Sun. evenings & includes the 5pm Mass. Program consists of 8 classes, 6 youth nights,1 retreat, attending 2 Generations of Faith & community service.

11th grade Confirmation students are required to complete 1 day of reflection with sponsor before Confirmation in the Fall of 11th grade. No form or Religious Ed fee in 11th grade.

Each GOF event can be attended on either a Sun. morning, Mon., Wed. or Thurs. evening (your choice) and includes a meal. GOF is part of the program & participation in required.

Registration Fee --Until July 1, 2011 → Make checks payable to "Saint Francis Parish"

Kindergarten & First Grade	\$100.00 per child	
Second Grade	\$125.00 per child	Cap of \$350.00
Third - Eighth Grade	\$100.00 per child	
Ninth & Tenth Grade	\$150.00 per child (includes retreat)	

On July 2, 2011 a \$25.00 **late fee** will be required

Date Rec'd _____ Amount _____ Check # _____ Cash _____ Bal. _____
Visa or Mastercard _____

Payment Plan: Please contact Kathy or Dawn in the Rel. Ed Office

Date Rec'd _____ Amount _____ Check # _____ Cash _____ Bal. _____

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Please Note that we now take Visa and Mastercard payments