

PLEASE PRINT INFORMATION
 REGISTRATION FOR
 THE St. Francis RELIGION PROGRAM
 FOR GRADES 1-12 CHILDREN... 2017-2018
 REL. ED OFFICE-857-6477 HIGH SCHOOL REL. ED -857-1500

CHILD'S NAME/Grade	Birthday	Baptized---Yr.—Place of Baptism*
CHILD'S NAME/Grade	Birthday	Baptized---Yr.—Place of Baptism
CHILD'S NAME/Grade	Birthday	Baptized---Yr.—Place of Baptism
CHILD'S NAME/Grade	Birthday	Baptized---Yr.—Place of Baptism
Parish and Town		
Parents'/guardians' names		
Religion-(Father/guardian)	Religion- Mother /Guardian	
Address	E-Mail	
Home phone-	Cell phone-	

_____ **I want my child to participate in the Religion Program** (The children will receive a text to use and other materials. Bills for these materials are \$40 per child or \$100 maximum Per family yearly to be paid to St. Francis church, PO Box 730, Teutopolis, IL 62467 by the end of November if possible.

_____ **I want my child/children to be supervised** from 7:15 am-7:50 am by the St. Francis Parish Religious Education Program volunteers.

 Parent/Guardian Signature

**If your Grade 1 child was baptized in another parish other than St. Francis, please forward to us a copy of the Baptismal record. If you cannot locate the Baptismal record, please contact the parish of your child's Baptism, and request a copy of the Baptismal record to be forwarded to St. Francis Religious Education office. We will in turn make a copy for our records and mail the original record to you. As always, thanks for your cooperation!*

Grades 1-12 Registration (cont.)

AS a participant in this program, I recognize and acknowledge that there are certain risks of injury and I agree to assume the full risk of any injuries, which my children may sustain as a result of participating in this program. I further agree to waive and relinquish claims, fully release and discharge and agree to indemnify and hold harmless and defend St. Francis parish, the Diocese of Springfield and all volunteers and agents from any and all claims resulting from injuries/death, sustained by my child/children.

I also give permission for my child's photo to be taken and used for ministry purposes.

Parent/s signature _____ Phone# _____ Cell # _____

In order for this program to run smoothly, we need parental help! Please check the way in which you may be of help to the program/s.

Morning building supervisor 7:15-7:45 M-__ T-__ W-__ Th-__ Fri.-__

Grades 1-6—(7:45-8:40) __Monday__Tuesday__Wednesday__Thursday__Friday
_____Teach_____ Mass/Video supervisor _____ Fri. Gosp. _____ Sub. _____

Grades 7-8—(7:20-8:30) Wednesdays –September to April
_____Teach full year_____teach one semester_____Hall Monitor(monthly)_____Attendance Monitor (Monthly)

High School –(7:20-8:30) Wednesdays- September to April (monthly) more information coming.

Requirement—A Church Diocesan requirement is that all parents helping in the Religious Education Program will have taken or plan to take the diocesan-sponsored Protecting God's Children training session which consists of a one-time 2 ½-3 hour video-assisted program which informs viewers of important points regarding the family's, community's, and school's responsibilities for providing safe environments for all children in their care.

Listed below are the times and locations when and where these sessions are being offered. Participants will need to call in to register at the location of their choice. Circle your choice.

Times and locations are: St. Francis Parish- St. Clare Hall- Wednesday, September 20- 857-6404
St. Francis Parish- St. Clare Hall- Monday, October 23 857-6404
St. Francis Parish- St. Clare Hall- Tuesday, November 14 857-6404

Other locations St. Anthony Parish, Effingham Thursday, August 3 347-7129
St. Isidore Parish, Bishop Tuesday, September 3 217-925-5788