

Saint Lawrence Religious Education

Registration Form

Date: _____

Student's Name: _____

Mother & Father's Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Other Phone #: _____

Child's Birthdate: _____ School Grade: _____

School: _____

Are you registered at St. Lawrence Parish? () Yes () No

Please check any sacraments your child has received and list the parish:

() Baptism _____

() First Reconciliation _____

() First Eucharist _____

Please list any prior Religious Education experience & location if not at St Lawrence: _____

Parent's Email address: _____

By registering my child(ren) in the Faith Formation Program I understand that:

As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life, This age-appropriate program about Christian living, chastity, character formation and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the teacher/catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Valerie Magnuson, Director of Religious Education at 410-799-7790.

Parent's Signature: _____

Registration Fees:

1 Child: \$80

2 Children: \$120

3 Children: \$150

4 + Children: \$170

PHOTOGRAPH OR VIDEOTAPE RELEASE

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites, social media, or other materials produced from time to time by St. Lawrence Martyr Parish, Division of Youth and Young Adult Ministry, or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.)

Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Director of Religious Education. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT AND SIGN IT VOLUNTARILY.

Name of Child(ren): _____

Signature of Parent/Guardian Date : _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian Date: _____

Name of Parent/Guardian: _____