

PLEASE PRINT

DATE _____

St. Mary Religious Education Registration 2022-2023
800 Orchard Street, St. Clair, MI 48079
810-329-7801

Family Last Name _____
Address _____ City _____ Zip Code _____
Home Phone _____
Cell phone (Mom) _____ Cell phone (Dad) _____
E-mail ** (must provide an email) _____
Emergency contact (during class time) _____
Emergency contact phone number _____
Father's name _____ Religion _____
Mother's name _____ Religion _____
Father's work phone _____ Mother's work phone _____
Marital Status Married Separated Divorced Widowed Single
Mother's remarried name (if applicable) _____

****Most correspondence is done via email. Therefore, we ask that everyone please provide an email address (above).**

Parish family is registered at _____ (Envelope # _____ if registered at St. Mary's)

If you have a child celebrating a sacrament this year and you are registered at another parish, you must have a letter of dispensation (permission) from your home parish pastor stating he gives permission for your child to celebrate the sacrament at St. Mary's. This is based on Archdiocesan Catechetical Policy 210.8.

****RE Grade**

Student(s) full Baptismal Name in fall** Age Sex School Date of Birth

| | | | | | |
|----|-------|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

****PLEASE NOTE – Students must have completed 7th grade in classroom setting (an RE class, or in a Catholic School), not homeschool or summer school program, in order to register for 8th grade classes.**

STUDENT SACRAMENT INFORMATION

(All students planning to celebrate a sacrament this year who were baptized at a parish other than St. Mary's must provide a copy of their Baptismal certificate when registering)

(Please indicate which sacraments have been celebrated)

Student's First Name Baptism Parish/City where Baptized Eucharist Confirmation

| | | | | | |
|----|-------|-----|-------|-----|-----|
| 1. | _____ | Y N | _____ | Y N | Y N |
| 2. | _____ | Y N | _____ | Y N | Y N |
| 3. | _____ | Y N | _____ | Y N | Y N |

Please indicate the day you wish to attend

Sunday Morning
Grades 1-8
10:00 – 11:15am

Tuesday Evening
Grades 1-8
5:00 – 6:15 pm

FAMILY LAST NAME: _____

GRADE(S) OF CHILD(REN) _____

- \$100 (1 student)
- \$150 (2 students)
- \$175 (3 + students)

\$ _____

FEES:

Registration/supply Fee

\$ _____

- \$30 (per child)

***This fee must be paid at time of registration**

Retreat Fees (if applicable)

8th grade Retreat

- \$50/8th grader \$ _____

2nd grade Retreats

- \$50/2nd grade \$ _____

Late Fee (After August 1st)

\$ _____

- \$25

TOTAL COST \$ _____

Tuition assistance is available to families in need who are currently registered at St. Mary's, active & participating in parish life. If you are in need of tuition assistance, please fill out and return a tuition assistance form (available from the RE Office or the rectory) **NO LATER THAN August 15th. It is the responsibility of those requesting tuition assistance to submit paperwork and contact the RE office by the above date.**

ALL TUITION IS EXPECTED TO BE PAID IN FULL BY THE FIRST CLASS.

If you are unable to pay in one payment you may request a payment plan

Payment Plan Choice – (please choose one)

1 Payment – I can pay in full by the first class

OTHER – If another payment plan is needed, including financial assistance, please check here. It is your responsibility to contact the DRE prior to the first day of class to make payment arrangements.

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- Please check if you plan on using SCRIP. (SCRIP payments are applied quarterly.)

Divide your total cost by the number of payments chosen to determine the amount of each payment.

TOTAL COST \$ _____ **EACH PAYMENT** \$ _____

PLEASE NOTE – ALL TUITION MUST BE RECEIVED IN FULL BY THE FIRST CLASS.

Parent Signature _____

Date _____

Please inform us if there are any medical, physical, emotional, or scholastic issues we should be aware of regarding your child(ren) that would help with their Religious Education. (This information will be kept strictly confidential.)

** Use the back if necessary.

Can you help with our program?

I can help on Sun. Tues. with the following:

- Catechist (grade preferred) _____
- Sub-catechist (grades preferred) _____
- Occasional office help during class
- Classroom Assistant (grade preferred) _____

PERMISSION ISSUES

“Circle of Grace” Permission form – please read the information below. For more information on the COG program, please visit the following website: <http://stmarysstclairre.weebly.com/uploads/1/3/1/3/13132426/circleofgracebrochure.pdf>

If you prefer your child(ren) not partake in the “Circle of Grace” lesson , please indicate below. We will inform you of the day the lesson is being taught so you can plan accordingly.

- I prefer my child(ren) NOT partake in the Circle of Grace lesson.
- _____ By signing above, I give permission for my child’s photo (without his/her name) to appear on the parish website (Please initial)
- _____ By signing above, I give St. Mary’s permission to request original baptismal records if necessary from baptizing parish(es). (For 2nd and 8th grade students celebrating sacraments) (Please initial.)

