Saint Raphael Parish

Grades K-12 Religious Education Program 2023-2024 Registration Form

Please complete all information ... Thank you!

| FOR OFFICE USE: Grades: K - 12 |
|--|
| Date Received: Time Received: Cash/Check #: \$ Amount: |

| PARISH REGISTRATION INFORMATION | · : | | | | | | |
|--|------------------|----------|--|--|--|--|--|
| My family is currently registered at: Saint Raphael Parish: Yes No | | | | | | | |
| If your family is registered at another parish, please indicate the name and place of the parish below: Name of Parish: Town: Town: | | | | | | | |
| | | | | | | | |
| PARENT/GUARDIAN INFORMATION: | | | | | | | |
| All information will be kept confidential | | | | | | | |
| Father's Full Name: | Religion: | | | | | | |
| Motharia Eull Nama. | D-1:-: | | | | | | |
| Mother's Full Name: | Keligion: | | | | | | |
| Mother's Maiden Name: | Primary Contact: | | | | | | |
| Contact E Mail (Dloace Print Clearly). | | | | | | | |
| Contact E-Mail (Please Print Clearly): | | | | | | | |
| Address: | | | | | | | |
| Street | Town & State | Zip Code | | | | | |
| Home Phone: | Cell Phone: | | | | | | |
| Tione i none. | cen i none. | | | | | | |
| Emergency Contact (other than parent): | | | | | | | |
| Relationship to Student: | Phone Number: | | | | | | |

FEE SCHEDULE FOR 2023-2024

*Inability to pay the full amount of tuition should not prevent you from registering your child. Financial assistance is available. Contact Kate at kate.mcgrath@st-raphael-parish.org for a scholarship application. All information will be kept confidential. Scholarships are determined case by case. Any registrations received after September 17, 2023 will incur a late registration fee of \$25.00 in addition to the standard fee.

- \$45.00 (per child with family cap of \$125.00): "early bird" registration: Sunday, May 14, 2023 - Friday, June 20, 2023
- \$50.00 (per child with family cap of \$140.00): "standard" registration: Sunday July 2, 2023 - Sunday, September 17, 2023

Please mail in or submit completed registration forms to our parish office at:

Saint Raphael Parish, 103 Walker Street, Manchester, NH 03102 Attention: Religious Education

| | | | Program | Options | | | |
|--|-------------------|-------------------------------|--|---|--|--|--|
| Child's Name: | Child's DOB: | Child's Grade in 2023-2024 | Grade K-5 Program Sunday Mornings @ 9:30am | Grade 6-12 Program Monday Evenings @ 6:30pm | | | |
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| Grade Two & Three Parents: If your child was not baptized at Saint Raphael Parish, please have the parish in which your child was baptized mail us an annotated baptism certificate to: 103 Walker Street, Manchester, NH 03102. | | | | | | | |
| PERTINENT INFORMATION ABOUT YOUR CHILD(REN): | | | | | | | |
| Please indicate if your child has a food allergy, learning needs, or other pertinent information that may be | | | | | | | |
| helpful to us in assisting your child(ren) during their participation in our program. | | | | | | | |
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| VOLUNTEER INFORMATION: | | | | | | | |
| Parents are the most infl | | catechesis of their | children They have a r | mique responsibility | | | |
| | 0 | | _ | ^ + / | | | |
| for the education of their children as the first and primary educators of their child's faith. They catechize primarily by witness of their Christian lives and by their love for the faith (CCC, nos. 2222, NDC p. 234). | | | | | | | |
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| Your support assists in p | roviding a qualit | y experience for you | ur child. Please indicate | e the areas you would | | | |
| be willing to assist. | | | | | | | |
| For Religious Educatio | on Grades K-12: | | | | | | |
| Catechist: | ni, Giades K-12. | Co-C | 'atechist: | | | | |
| Small Group Facilitator: | | | sroom Aid: | | | | |
| Hall Monitor: | ····· | | ial Events: | | | | |
| Host Mass Volunteer: | | | e Support: | | | | |
| CIUD CAFETY | | | | | | | |
| CHILD SAFETY: | C | 1 | | J16 | | | |
| In order to ensure the safety of every child enrolled in our program, we require all adults who could potentially be alone with a child to complete a Criminal Record Form and attend Child Abuse Prevention | | | | | | | |
| training. | | | | | | | |
| | *** | | · · · · · · · · · · · · · · · · · · · | | | | |
| → I wish to enroll my child in the Saint Raphael Parish Religious Education Program and agree to pay any associated fees | | | | | | | |
| with the submission of this registration form. By signing this form, I give permission for my child(ren) to be photographed or their images recorded for print or electronic use in promoting our parish. I understand that it is my responsibility to | | | | | | | |
| update this form in the event that I no longer wish to authorize the above uses. I agree this form will remain in effect during | | | | | | | |
| the term of my child's enro | | | - | 0 | | | |
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| Darant Cianatura | | | Data | | | | |
| Parent Signature | | | Date | | | | |