



**ST. DENIS PARISH RELIGIOUS EDUCATION REGISTRATION 2009-2010**  
 Please return completed registration form with your payment before September 10. Thank you.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ *(Registration will be confirmed through e-mail.)*

Father Cell Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_

Emergency Contact Information: If you cannot be reached, who should be called?

Name	Relationship	Phone
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a. \_\_\_\_\_

b. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

1<sup>st</sup> Reconciliation Date: \_\_\_\_\_ 1<sup>st</sup> Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

**RELIGIOUS EDUCATION HISTORY**

Grade	Pre-K	Kinder	1st	2nd	3rd	4th	5th	6th	7th	8th
Completed Yes or No										
Place (St. Denis or other)										

Does your child have any health problems that we should be aware of in order to assist him or her?

No. If yes, please describe below (learning disability, allergies or medications, etc.):

*Parent/ Guardian Information*

Father's full name \_\_\_\_\_ Religion \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_ First Communion? Yes \_\_\_ No \_\_\_ Confirmed? Yes \_\_\_ No \_\_\_

Mother's full name \_\_\_\_\_ Religion \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_ First Communion? Yes \_\_\_ No \_\_\_ Confirmed? Yes \_\_\_ No \_\_\_

List names of siblings, ages and grades below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELEASE

I/We, the parents/guardians of the aforementioned child hereby give my/our permission to his/her participation in any and all religious education activities. I/We agree to direct my/our child to cooperate with directions and instructions of religious education personnel responsible for religious education activities.

I/We agree, that in the event my/our child is injured as a result of his/her participation in religious education activities, including transportation to and from these activities, not cause by the negligence of the parish religious education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be made against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

In the event that we cannot be reached in an emergency, I/We hereby give permission for the adult leader to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent /  
Guardian

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Information:  Check here if payment information completed on sibling form.

\$75.00 one child or \$ \_\_\_\_\_

\$100.00 two or more \$ \_\_\_\_\_

Safe Environment Training \$5.00 per child

Grades 4 to 8 only, \_\_\_\_ child(ren) x \$5.00 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Please make check payable and mail to:

St. Denis Parish  
2250 Avy Avenue  
Menlo Park, CA 94025-6757

Questions? Call 650-854-1081  
rlyon.stdenis@gmail.com

TEAM TEACH IN 2009-10

Yes, I am interested in teaching or being an Aide in my child's class during the 2009-10 year. I can help  
\_\_\_\_ once a month,  
\_\_\_\_ twice a month,  
\_\_\_\_ every week

Teacher \_\_\_\_\_ Aide \_\_\_\_\_

We WILL be attending the barbecue on September 13. How many? \_\_\_\_\_

We WILL NOT be attending the barbecue on September 13.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT/GUARDIAN VOLUNTEER FORM

Name\_\_\_\_\_

Phone Number\_\_\_\_\_ (cell)\_\_\_\_\_

Email address\_\_\_\_\_

The religious education program primarily functions because of dedicated volunteers. Volunteers are needed in a variety of areas.

Religious Ed. Teacher (Catechist)\_\_\_\_\_

Classroom Aide\_\_\_\_\_

Substitute\_\_\_\_\_

Hospitality Committee (food, beverages, celebrations etc.)\_\_\_\_\_

Special Projects\_\_\_\_\_

Epiphany Pageant\_\_\_\_\_

Children's Liturgy of the Word (one or two Sundays in summer) \_\_\_\_\_

Call me when I'm needed\_\_\_\_\_