

Registration 2019-2020
(Please complete all 6 pages)

St. John Apostle & Evangelist Religious Education

95-370 Kuahelani Ave., Mililani, HI 96789
Phone (808) 623-3332 ext. 204 or 206

Page 1: PARENT INFORMATION (please PRINT clearly)

NOTE: Families should be registered in the Parish.

PARENTS' LAST Name _____ Home Phone: _____

Mail to: NAME: _____ Mr. ___ Mrs. ___ Ms. ___

ADDRESS: _____ CITY/STATE/ZIP: _____

Mother's Information:

Full Name: _____ Email Address: _____

Cell Phone: _____ Business Phone: _____

Maiden Name: _____ Religion: _____

Occupation: _____ Company Name: _____

Marital Status: Married ___ Separated ___ Divorced ___ Remarried ___ Single ___

If re-married, Name of Spouse: _____

Father's Information:

Full Name: _____ Email Address: _____

Cell Phone: _____ Business Phone: _____

Religion: _____

Occupation: _____ Company Name: _____

Marital Status: Married ___ Separated ___ Divorced ___ Remarried ___ Single ___

If re-married, Name of Spouse: _____

Child(ren) live with: Both parents ___ Mother Only ___ Father Only ___ Legal Guardian ___

Legal Guardian (Name): _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Ph: _____ Cellular Ph: _____

PHOTO RELEASE - Parent initial here:

St. John Apostle & Evangelist Church and Religious Education Program reserves the right to use student pictures in publications and on the Church website. The Religious Education Office must have on file a written notice from any parent prohibiting the use of their child's picture in any publication and website.

OFFICE USE - Date Received:

Registration Form	Emergency Release	Safe Environment	Baptism Cert.	Eucharist Cert.
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STUDENT INFORMATION (please PRINT clearly)

2019-2020

ATTACH BAPTISM CERTIFICATE TO THIS FORM

#1. Student Legal Name _____ Student is: Returning _____ New _____	<u>Date of Birth</u>	<u>School in Sept. 2019</u>	OFFICE USE:
	Circle One: Male Female	<u>Grade in Sept. 2019</u>	
Catholic Baptism: Yes _____ No _____ Religion of Baptism: _____	Church of Baptism	City & State	Date of Baptism

If this child needs to receive any Sacrament in 2019-2020, please put a check next to the one(s) needed below:

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 2-11) _____ Confirmation (Grade 3-11) _____

#2. Student Legal Name _____ Student is: Returning _____ New _____	<u>Date of Birth</u>	<u>School in Sept. 2019</u>	OFFICE USE:
	Circle One: Male Female	<u>Grade in Sept. 2019</u>	
Catholic Baptism: Yes _____ No _____ Religion of Baptism: _____	Church of Baptism	City & State	Date of Baptism

If this child needs to receive any Sacrament in 2019-2020, please put a check next to the one(s) needed below:

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 2-11) _____ Confirmation (Grade 3-11) _____

#3. Student Legal Name _____ Student is: Returning _____ New _____	<u>Date of Birth</u>	<u>School in Sept. 2019</u>	OFFICE USE:
	Circle One: Male Female	<u>Grade in Sept. 2019</u>	
Catholic Baptism: Yes _____ No _____ Religion of Baptism: _____	Church of Baptism	City & State	Date of Baptism

If this child needs to receive any Sacrament in 2019-2020, please put a check next to the one(s) needed below:

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 2-11) _____ Confirmation (Grade 3-11) _____

#4. Student Legal Name _____ Student is: Returning _____ New _____	<u>Date of Birth</u>	<u>School in Sept. 2019</u>	OFFICE USE:
	Circle One: Male Female	<u>Grade in Sept. 2019</u>	
Catholic Baptism: Yes _____ No _____ Religion of Baptism: _____	Church of Baptism	City & State	Date of Baptism

If this child needs to receive any Sacrament in 2019-2020, please put a check next to the one(s) needed below:

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 2-11) _____ Confirmation (Grade 9-11) _____

SACRAMENTAL PROGRAM – FIRST RECONCILIATION & EUCHARIST (Grade 2-11)

FIRST RECONCILIATION & EUCHARIST (FRE): Preparation for these Sacraments begins in Grade 2 for students who are already Baptized. The “combined” FRCE classes are for children in Grades 2-11 who have been Baptized but have not yet received Confirmation & First Eucharist. **A COPY OF YOUR CHILD’S BAPTISM CERTIFICATE IS REQUIRED PLEASE ATTACH.**

CLASS FIRST EUCHARIST	“A” Schedule Sundays	Student’s Name “A” Schedule	“B” Schedule Sundays	Student’s Name “B” Schedule
FRCE Gr. 2 –3	8:15 – 10:00 am		10:30 am-12:15 pm	
FRCE Gr. 4 - 5	8:15 – 10:00 am		10:30 am-12:15 pm	XXXXXXXXXXXX
FRCE Gr. 6 – 11	8:15 – 10:00 am		10:30 am-12:15 pm	XXXXXXXXXXXX

RESTORED ORIGINAL ORDER –(includes Confirmation) (Grade 3-5)

OTHER RELIGIOUS EDUCATION CLASSES:

(*NOTE: Students in Grades 3 -5 below have already received First Eucharist

CLASS	“A” Schedule Sundays	Student’s Name “A” Schedule	“B” Schedule Sundays	Student’s Name “B” Schedule
Pre K		XXXXXXXXXXXX	8:30-10:00 am	
Kindergarten		XXXXXXXXXXXX	8:30-10:00 am	
Grade 1		XXXXXXXXXXXX	8:30-10:00 am	
Grade 3 (*)	10:15-12:00 pm			XXXXXXXXXXXX
Grade 4 (*)	8:15-10:00 am			XXXXXXXXXXXX
Grade 5 (*)	8:15-10:00 am			XXXXXXXXXXXX
CYM EDGE GR: 6-7-8	Sunday A 10:30 am -- 12:30 pm	1. _____ 2. _____		
CYM LIFE TEEN GR: 9-12	Sunday B 10:30 am -- 12:30 pm	1. _____ 2. _____		

FAMILY & BOOK FEES	UNIT COST	# REGISTERED	TOTAL: Family Fee + Book Fees
Family Fee (\$50 per family PLUS BOOK FEES FOR EACH CHILD REGISTERED)	\$50 per Family	XXXXXXXXXX	\$50.00 +
Grades Pre-K thru Gr. 5 (Non-Sacramental classes) * (excluding Eucharist & Confirmation classes)	\$40 per student		
Sacramental Classes FRCE Gr. 2-&3, FRCE 4-5, FRCE 6-11 & Restored order Gr. 3-5	\$50 per student		
CYM EDGE AND LIFE TEEN Guests may attend. However if the guest intends to attend more than 3 session they must register and pay fees *	\$50 per student		
Note: Fees include all materials used in classes for seasonal arts and crafts, paper, pens, colors, pencils, glue, etc.		TOTAL DUE Family Fee & Books	

Please submit \$50 deposit with registration form. Your deposit will be applied to your total balance due. MAKE CHECKS PAYABLE to: ST. JOHN A & E CHURCH : Balance of all fees owed must be paid in full by December 31, 2019.

Date Pd: _____ Check No: _____ Credit Card: _____ Amount Received: _____ Balance Due: _____

St. John Apostle & Evangelist Parish

95-370 Kuahelani Avenue / Mililani, HI 96789 / (808) 623-3332 ext. 204, 206

EMERGENCY RELEASE / AUTHORIZATION FORM

Table with 5 columns: Print Name, Home #, Work #, Cellular Phone #. Rows for Father, Mother, Guardian.

Table with 4 columns: First & Last Name of Child, Rel. Ed. Class, List Medications, List Allergies. Rows #1-#4.

Parent / Guardian Comments: Please describe below any special medical instructions or other special circumstances you believe are important for the Director of Religious Education to know about in connection with all events and activities.

EMERGENCY CONTACT INFORMATION:

Physician's Name: Phone #

My child's medical is covered by: (Plan Name)

Hospital Preference: Kaiser Straub Wahiawa General Queen's Kapiolani Medical Center Tripler Closest Available

If neither parent can be reached in an emergency, please provide us with an alternate contact person:

Person to Contact: Relationship:

Home Ph: Cellular Ph: Work Ph:

I am / We are the parent(s) / guardian(s) of the student(s) named above. By signing below, I / We:

- a) understand that I / we are responsible for notifying St. John Apostle & Evangelist (SJAE) Parish of any changes in the information provided above;
b) authorize any treatment by any licensed medical personnel deemed necessary in the event of a medical emergency and agree to pay for such medical expenses;
c) understand that all reasonable safety precautions will be taken at all times by SJAE Parish;
d) release and hold harmless SJAE Parish, the Roman Catholic Diocese of Honolulu, its employees and agents, contractors or volunteers, from any liability for injury, or any damages resulting from participation in any activity/event sponsored by the SJAE Religious Education Program;
e) understand that completion and submission of this form is required for participation in the SJAE Religious Education Program.

Mother's / Guardian's Signature Father's / Guardian's Signature Date

2019-2020

RELIGIOUS EDUCATION DEPARTMENT
St. John Apostle & Evangelist Church
95-370 Kuahelani Avenue, Mililani, Hawaii 96789
Phone: 623-3332 ext. 204 or 206

Creating and Maintaining Safe Environment
PARENTAL/GUARDIAN CONSENT FORM

Consistent with diocesan policy, St. John Apostle & Evangelist Parish follows the guidelines set by the United States Conference of Catholic Bishops to guide our efforts to protect our children and youth from abuse. This Safe Environment Program is part of the Religious Education curriculum.

A flyer will be sent home informing parents on the date of the Safe Environment class and reminding them to keep their children home if they do not allow them to undergo the training.

The content of the training includes:

- **Pre K- Grade 3** – video or read-aloud story on “good” and “bad” touching and what to do to protect oneself from strangers
- **Grades 4 - 5** – video and discussion on child abuse and neglect and how children can stop the abuse by telling someone
- **Grades 6 - 12** – video and discussion on the different types of child abuse and how breaking the silence can stop the cycle of abuse. Other topics are bullying and peer pressure; upper classes may deal with healthy human relationships and Theology of the Body presentation.

NOTE: The video is available for you to view with your child. Please contact the Religious Education office to make the arrangement.

Permission Authorization - Please check one of the following:

[Please note this consent must be completed every year for each registered child.]

Yes, I allow my child(ren) to participate in the Safe Environment training program.

No, I do not allow my child(ren) to participate in the Safe Environment program. On the day this lesson is presented, my child will be kept home and will not attend Religious Education class.

PRINT NAME OF CHILD(REN)

R. E. GRADE LEVEL

1. _____
2. _____
3. _____
4. _____

- _____
- _____
- _____
- _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

I would like to come and view the video. I will contact the Religious Education Office to schedule a time to view the video. Office hours: Tue – Thu 12:00 pm – 8:00 pm.

Complete this form for children registering in Pre-K, Kindergarten and Gr. 1 & 2 only

ST. JOHN APOSTLE & EVANGELIST CHURCH
95-370 Kuahelani Ave., Mililani, HI 96789

PARENT'S AUTHORIZATION FORM FOR CHILD PICK UP

I understand that children may be picked up by adults other than their parent/s or guardian. In order to protect my child, I am authorizing any of the following to pick up my child:

<u>Print Name of Adult</u>	<u>Relation to Child</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I also understand that photo identification may be required if a staff member or catechist is unfamiliar with the person picking up your child.

Print Student's Name: _____ R. E. Grade: _____

Print Parent's Name: _____

(Parent/Guardian's signature)

Phone #: _____

Date: _____

Noted by:

(Catechist's signature over printed name)

Date: _____

