

**ST. ROSE OF LIMA
RELIGIOUS EDUCATION REGISTRATION
GRADES K THRU 11
2008 -2009**

TUITION DUE AUGUST 15th

\$10.00 1 Child
\$20.00 2 or more children

Bernice Shoenfelt
Catechetical Leader
Rectory 944-8509
Home 942-5659

Family Name _____ **Home Phone #** _____

Father's Name _____ Religion _____
Last First

Mother's Name _____ Religion _____
Maiden First

Father's Address _____
City Zip

Mother's Address _____
City Zip

Work Phone Number DAD :() _____ **MOM:** () _____

Cell Phone Number DAD :() _____ **MOM:** () _____

Emergency Contact Name: _____ **Relationship** _____

Emergency Contact: Home Phone #() _____ **Cell Phone #** () _____

Please list children in grades K thru 11 who will be attending religion classes in 2008-2009;
Attach a copy of Baptismal certificates for all students except those who were
enrolled in grade 2 during the year 2008-2009.

Female
Male _____
LAST FIRST School name Grade 09/08

DOB _____ Parish of Baptism _____

Health or Educational concerns _____

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Female
Male _____
LAST FIRST School name Grade 09/08

DOB _____ Parish of Baptism _____

Health or Educational concerns _____

Female
Male _____
LAST FIRST School name Grades 09/08

DOB _____ Parish of Baptism _____

Health or Educational concerns _____

Female
Male _____
LAST FIRST School name Grades 09/08

DOB _____ Parish of Baptism _____

Health or Educational concerns _____

Parents

I am interested in substitute teaching a Religious Education class in 2008-2009.

Yes _____ No _____ Grades _____

I give my permission to St. Rose of Lima Religious Education to publish photos of my child(ren) in Religious Education publications, The Catholic Register, or website.

Yes _____ No _____

I am interested in taking the one class course entitled **Protecting God's Children**

Yes _____ No _____

Signature Parent/Guardian

RETURN THIS COMPLETED FORM AND PAYMENT TO THE ST. ROSE OF LIMA RECTORY AT 5514 ROSELAWN AVENUE, ALTOONA, PA 16602 OR DROP IT IN THE COLLECTION BASKET

Make Checks Payable to: St. Rose of Lima

Saint Rose of Lima Scrip Gift Card Program

Saint Rose of Lima Religious Education Grades K through 11
May 1, 2008 – April 30, 2009

Participation Agreement

This form will be kept on file and only needs to be completed once per Allocation Year – May 1 through April 30.

Please, read, complete, and/or answer yes or no to each of the following lines. Incomplete forms will be returned for completion.

PERSONAL DATA:

Family / Guardian Last Name: _____

Father's / Guardian's First Name:

Mother's / Guardian's First Name:

Child(ren) Name(s) and Grade(s) 2008-2009 School Year: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Daytime Phone Number: _____

Name: _____ Evening Phone Number: _____

PARTICIPATION AGREEMENT:

Yes No: I can be called at the daytime phone number above for questions relating to my order.

Yes No: I can be called at the evening phone number for questions relating to my order.

Yes No: I will only use a check or money order for payment of my order or purchase. I know cash will not be accepted.

Yes No: There is a limited return policy. Only those Scrip Gift Cards/Certificates able to be resold or returned to the vendor will be able to be returned. There may be fees associated with the return; if there are any fees, I will be responsible for the full cost of the return.

Yes No: I understand the profit from my Scrip Gift Card purchases will be applied toward my selection below, which will be in effect for the full Allocation Year. Select only one:

100% to Saint Rose of Lima Religious Education.

100% to Saint Rose of Lima Parochial School.

50% to Saint Rose of Lima Religious Education and 50% to Saint Rose of Lima Parochial School.

Yes No: I understand if my check is returned for Non-Sufficient Funds, I will be charged a \$22.00 fee, payable to Saint Rose of Lima; two or more returned checks will limit payment to money orders only.

Yes No: I will pick up my order, in person, after any Mass on Saturday or Sunday and understand that my order will not be released to a child.

Yes No: I understand this form must be completed and returned by Sunday, April 27, 2008, even if I do not plan to participate in the Scrip Gift Card Program.

By signing below I acknowledge I have read and completed the Personal Data and Participation Agreement and I understand and I am in agreement with my selections.

Father's / Guardian Signature

Date:

Mother's / Guardian Signature

Date: