



**ALL SAINTS PARISH 7th & 8th GRADE
REGISTRATION FORM 2020-2021**

Please return by– August 15, 2020
www.allsaintscatholic.net

<i>Office Use Only:</i>	
Amt Due \$ _____	
Amt PD \$ _____	
Date PD _____	CASH

Father/Guardian

Mother/Guardian

First & Last Name

Street Address

City, Zip

Cell Phone

Work Phone

Email Address

Child's First & Last Name	Date of Birth	Age	Grade (In Fall)	Sacraments		
				Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	1 st Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No

All classes will be Wednesday evening in the St. Joseph Campus PLC from 6:30-7:45 PM.

Classes will meet on the 2nd, 3rd and 4th Wednesdays of the month

in-person with social distancing and safety guidelines in place.

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IMPORTANT: Do any of the children named above have any medical needs, allergies, or learning difficulties? If yes, please explain.

I am willing to help with classes. Please contact me. Name: _____ Phone: _____

Catechist Assistant Office Support Atrium Maintenance

All families are expected to help with hall monitoring. A calendar with each family's assigned date will be mailed before classes begin.

All parents must complete Safe and Sacred. Please visit <https://safeandsacred-archindy.org/login/index.php> to complete the training and print your certificate. Please complete prior to September 1st.

Snapshots may be taken throughout the school year and may be shared through various media,

Permission granted to take photos of my child(ren). I do not want my child(ren)'s photo taken.

EMERGENCY CONTACT

PERSON _____ PHONE _____ RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.

SIGNATURE OF PARENT/GUARDIAN

DATE

INSURANCE CARRIER

POLICY NUMBER

REGISTRATION DONATION

Family with 1 child - \$50 ~ Family with 2 or more children - \$100 ~ Please include a \$25 late fee with forms turned in after Aug 15.
Checks can be made payable to All Saints Parish
(If you are unable to financially contribute, please contact Fr Meyer. Your child's faith is more important than the donation.)
Drop off completed forms at the Parish Office or collection basket in an envelope marked " Religious Education Registration".