

St. Bede Religious Education Enrollment Information School Year 2009-2010

Elementary School Classes K – 5 Held at Walsingham Academy Lower School 1100 Jamestown Road Sunday, 9:00-10:10 am	Middle School Classes 6 – 8 Held at Walsingham Academy Upper School 1100 Jamestown Road Sunday, 9:00-10:10 am	High School Classes 9 – 12 Held at the Church 3686 Ironbound Road Sunday, Following 5:00pm Mass
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**CLASSES WILL BEGIN ON
SUNDAY, SEPTEMBER 13, 2009**

CONTACT INFORMATION:

Director of Religious Education Grades K – 8 Joshua Bitting, Email: jbitting@bedeva.org Office Address: 10 Harrison Avenue (Parish Center) Williamsburg, VA 23185 Phone No. :757-229-3700 ext. 19 Fax No.: 757-229-5361	Director of Youth Ministry Grades 9 – 12 Troy Stemen, Email: tstemen@bedeva.org Office Address: 3686 Ironbound Road (Church) P.O. Box 5400 Williamsburg, VA 23188 Phone No.: 757-229-1745 Fax No.: 757-229-7845
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ARE YOU PRESENTLY REGISTERED IN THE PARISH? You MUST be registered in the Parish before registering your child(ren) in Religious Education Classes.

Please complete fully all appropriate registration forms for the desired grade level(s). Full legal names should be supplied for all students and parent(s)/guardian(s).

Please return the Registration forms, Parent Support Sign-up form, Medical Release form and your payment for registration, tuition and all book fees in the enclosed envelope. Make checks payable to: St. Bede Catholic Church.

No one is turned away for not being able to pay for tuition or book fees. If this is a concern, please contact our office.

Classroom assignment(s) and map, school calendar and any car-line information will be sent to you via mail prior to the start of school in September.

St. Bede Religious Education Fee Schedule – Worksheet

Please return this form with your payment and ALL required registration forms in the enclosed envelope.

▪ **Family Registration Fee: (Per Family)...**(Until August 15, 2009)..... = \$ **30.00** or
(AFTER August 15, 2009)..... = \$ **50.00** +

▪ **Tuition:** (Per Student – All Grades) \$10.00/per child

No. Children _____ x \$10.00 = \$ +
 (max. \$40.00)

▪ **Book Fees:** (Per Student):

Grades: K – 5\$ 20.00 x No. children _____ = \$ +

6 – 8.....\$ 20.00 x No. children _____ = \$ +

9 – 12.....\$ 20.00 x No. children _____ = \$ +

▪ **Additional Books Required for Class:**

* Grades: 4-5 New American Bible\$5.00 ea x No. children _____ = \$ +

* Grades: 6-12 Catholic Youth Bible..... \$20.00 ea x No. children _____ = \$ +

*If you already own these books, you do not need to purchase again.
 However, children are required to bring them each week to class.

▪ **Optional Book for Parents of Grades 9-12:**

Theology of the Body for Teens..... \$ 7.00 = \$ +

TOTAL Amount Included = \$

PLEASE PRINT

Parent/Guardian Name(s):

Father: First _____ **M.I.** _____ **Last** _____

Mother: First _____ **M.I.** _____ **Last** _____

Mailing Address: _____

City/State: _____ **Zip Code:** _____

Home Phone No.: _____

Cell Phone No.: Father _____ **Mother** _____

****Email Address:(required)** _____

****We will attempt to communicate mainly via email for all events, announcements and other important information between our office and your family. This is our attempt to save a tree. If you do not have an email, please check here _____. If any of your contact information changes during the school year please let our office know immediately. This will avoid any delay in receiving our correspondence. (The information provided on this form will be used exclusively within our parish community).**

For Office Use Only:

Check Number: _____ Date: _____

St. Bede Elementary School Registration Form

Grades K – 5

Please Print

Please return this form with all other requested forms in the enclosed envelope.

Family Name: _____

Father's Name: _____ Mother's Name: _____

Is this a Home Schooling Registration? Yes: _____ No: _____

1. Student's Full Name: _____

Sex: (circle one) M F Date of Birth: _____ Grade This Year: _____

School Attending This Year: _____

Baptism: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Was this Child Baptized Catholic? ____Yes ____No If no, date of Profession of Faith: _____

1st Communion: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1st Penance: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Confirmation: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Did this child attend a Catholic Religious Education Program last year? ____Yes ____No

If yes, where? _____

Known Allergies or Health concerns: _____
(See Medical Release form for more detail)

2. Student's Full Name: _____

Sex: (circle one) M F Date of Birth: _____ Grade This Year: _____

School Attending This Year: _____

Baptism: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Was this Child Baptized Catholic? ____Yes ____No If no, date of Profession of Faith: _____

1st Communion: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1st Penance: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Confirmation: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Did this child attend a Catholic Religious Education Program last year? ____Yes ____No

If yes, where? _____

Known Allergies or Health concerns: _____
(See Medical Release form for more detail)

If you are registering more than two students in Elementary School, please attach a separate sheet of paper with the above requested information

**Parent Support
Time, Talent and Treasure
Volunteer Ministry Sign-Up
Elementary School**

This is a great and challenging time for you and your child(ren). Working together we share our faith with our children and provide opportunities for their spiritual growth. St. Bede Religious Education Programs can only do this with your help and support.

We have an active parent support program in place. Last year we had over 150 volunteers helping us meet this goal. However, there is always a need for help. ALL parents are asked to help in some way. Please thoughtfully consider this opportunity and sign up for one or more categories below. On behalf of our children, thank you. If you have any questions regarding any of the areas, please contact Joshua Bitting.

Name of Volunteer: _____

Phone No.: _____ Email Address: _____

_____ Catechist (Exempt from Registration, Tuition & Book Fees)

Grade Level Preferred _____

_____ Classroom Assistant (Exempt from Tuition & Book Fees)

Grade Level Preferred _____

_____ Floater (Substitute for Sunday Mornings)

_____ Principal (Helps in the office on Sunday Mornings)

_____ School of Religion Parent Core Group

_____ Assist with Special Events (On-Call Basis)

_____ Car Line Volunteer

_____ Event Photographer (On-Call Basis)

_____ Other Talents or Treasures you would like to share with us

Please list: _____

St. Bede Middle School Registration Form

Grades 6-8

Please Print

Please return this form with all other requested forms in the enclosed envelope.

Family Name: _____

Father's Name: _____ Mother's Name: _____

Is this a Home Schooling Registration? Yes: _____ No: _____

1. Student's Full Name: _____

Sex: (circle one) M F Date of Birth: _____ Grade This Year: _____

School Attending This Year: _____

Baptism: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Was this Child Baptized Catholic? ____Yes ____No If no, date of Profession of Faith: _____

1st Communion: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1st Penance: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Confirmation: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Did this child attend a Catholic Religious Education Program last year? ____Yes ____No

If yes, where? _____

Known Allergies or Health concerns: _____
(See Medical Release form for more detail)

2. Student's Full Name: _____

Sex: (circle one) M F Date of Birth: _____ Grade This Year: _____

School Attending This Year: _____

Baptism: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Was this Child Baptized Catholic? ____Yes ____No If no, date of Profession of Faith: _____

1st Communion: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1st Penance: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Confirmation: _____
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Did this child attend a Catholic Religious Education Program last year? ____Yes ____No

If yes, where? _____

Known Allergies or Health concerns: _____
(See Medical Release form for more detail)

If you are registering more than two students in Middle School, please attach a separate sheet of paper with the above requested information.

**Parent Support
Time, Talent and Treasure
Volunteer Ministry Sign-Up
Middle School**

This is a great and challenging time for you and your child(ren). Working together we share our faith with our children and provide opportunities for their spiritual growth. St. Bede Religious Education Programs can only do this with your help and support.

We have an active parent support program in place. Last year we had over 150 volunteers helping us meet this goal. However, there is always a need for help. ALL parents are asked to help in some way. Please thoughtfully consider this opportunity and sign up for one or more categories below. On behalf of our children, thank you. If you have any questions regarding any of the areas, please contact Joshua Bitting.

Name of Volunteer: _____

Phone No.: _____ **Email Address:** _____

_____ **Catechist (Exempt from Registration, Tuition & Book Fees)**

Grade Level Preferred _____

_____ **Classroom Assistant (Exempt from Tuition & Book Fees)**

Grade Level Preferred _____

_____ **Floater (Substitute for Sunday Mornings)**

_____ **Principal (Helps in the office on Sunday Mornings)**

_____ **Middle School Parent Core Group**

_____ **Assist with Special Events (On-Call Basis)**

_____ **Event Photographer (On-Call Basis)**

_____ **Other Talents or Treasures you would like to share with us**

Please list: _____

**St. Bede High School and Confirmation
Registration Form
Grades 9-12**

Please Print

Please return this form with all other requested forms in the enclosed envelope.

Family Name: _____

Father's Name: _____ Mother's Name: _____

Is this a Home Schooling Registration? Yes: _____ No: _____

1. Student's Full Name: _____

Sex: (circle one) M F Date of Birth: _____ Grade This Year: _____

School Attending This Year: _____

Baptism: _____
 Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Was this Child Baptized Catholic? Yes No If no, date of Profession of Faith: _____

1st Communion: _____
 Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1st Penance: _____
 Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Confirmation: _____
 Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

Did this child attend a Catholic Religious Education Program last year? Yes No

If yes, where? _____

Known Allergies or Health concerns: _____
(See Medical Release form for more detail)

Student's Email Address: _____

Please list any activities your student is involved in (i.e. Sports, Theatre, Music, etc.): _____

Please (circle) indicate if your student is willing to serve in the following capacities:

USHER

LECTOR

MUSIC

ALTAR SERVER

COMMUNION MINISTER
(must be confirmed)

If you are registering more than one student in High School and Confirmation, please attach a separate sheet of paper with the above requested information.

**Parent Support
Time, Talent and Treasure
Volunteer Ministry Sign-Up
High School**

This is a great and challenging time for you and your child(ren). Working together we share our faith with our children and provide opportunities for their spiritual growth. St. Bede Religious Education Programs can only do this with your help and support.

We have an active parent support program in place. Last year we had over 150 volunteers helping us meet this goal. However, there is always a need for help. ALL parents are asked to help in some way. Please thoughtfully consider this opportunity and sign up for one or more categories below. On behalf of our children, thank you. If you have any questions regarding any of the areas, please contact Troy Stemen.

Name of Volunteer: _____

Phone No.: _____ **Email Address:** _____

_____ **Catechist (Exempt from Registration, Tuition & Book Fees)**

_____ **Small Group Co-Leader (Exempt from Registration, Tuition & Book Fees)**

_____ **Youth Ministry Core Team**

_____ **Assist with Special Events (On-Call Basis)**

_____ **Bede Café Volunteer**

_____ **Retreat and Trip Chaperone**

_____ **Event Photographer (On-Call Basis)**

_____ **Other Talents or Treasures you would like to share with us**

Please list: _____

**St. Bede Catholic Church
Annual Medical Release Form
School Year 2009-2010**

**For High School Students Only - Please return this form and all required registration forms
in the enclosed envelope.**

Please Print

Trip Location: _____

Participant's Full Name: 1. _____

Sex: _____ **Date of Birth:** _____

2. _____

Sex: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____

NAME OF PARENT/GUARDIAN: _____

Cell Phone No.: _____

Email Address: _____

Insurance Company: _____

Policy Holder's Name: _____

Relationship to Policy Holder: _____

Policy Number/ID Number: _____

In case of an emergency notify: _____

Telephone Numbers: Home: _____ **Work:** _____ **Cell:** _____

MEDICAL INFORMATION:

1. Does your child have any allergies? ____ Yes ____ No

Child's Name: _____

If "YES", please list. _____

2. Does your child have medication of any type with them? ____ Yes ____ No

Child's Name: _____

If "YES", please list. _____

3. Is there any other physical or emotional condition of which we need to be aware? ____ Yes ____ No

Please explain. _____

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that any attempt to notify me will be made before any treatment is authorized.

PARENT/GUARDIAN SIGNATURE

DATE

For High School Only