

St. Bede School Religious Education 2012
Grades 9-12 Registration / Confirmation Registration

Enrollment fees are as follows:

ONE Child in HS Program/ Confirmation prep: \$60 total
TWO Children in HS Program / Confirmation prep: \$80 total
THREE Children in HS Program / Confirmation prep: \$100 total
Splash Into Youth Ministry Retreat Fee (strongly encouraged): \$75 per student PLUS Enrollment fee
10th grade Confirmation Retreat Fee (required) : \$90 per student PLUS Enrollment fee
Total payment _____

Please make checks payable to "St. Bede Catholic Church" and write "HS REG" in memo line.

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PLEASE PRINT NEATLY

Student Last Name _____ Student First Name: _____
Grade (circle one) 9 10 11 12
Splash Retreat for 9th & up: August 27th & 28th
10th grade Conf. Prep: _____ Aug 15-18 (9 to 2pm) _____ Aug 22-25 (TBA - 3 to 8pm) _____ JAN (Wed 6-8pm)
Student email : _____ Student cell phone: _____
High School: _____ T-Shirt Size (adult) S M L XL XXL

Additional students in High School Program

Student Last Name _____ Student First Name: _____
Grade (circle one) 9 10 11 12
Splash Retreat for 9th & up: August 27th & 28th
10th grade Conf. Prep: _____ Aug 15-18 (9 to 2pm) _____ Aug 22-25 (TBA - 3 to 8pm) _____ JAN (Wed 6-8pm)
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Family Mailing Address: _____

Family Home Phone: _____

Father: First Name: _____ Last Name: _____

Father Cell phone: _____ Father Email: _____

Mother: First Name: _____ Last Name: _____

Mother Cell phone: _____ Mother Email: _____

Parent Support
Time, Talent and Treasure
Volunteer Ministry Sign-Up
High School (9-12 & Confirmation)

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 ALWAYS have 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 Celeste Prezioso at cmprezioso@yahoo.com

Name of Volunteer: _____

Home Phone No.: _____ Cell Phone: _____

Email Addresses: Mom: _____ Dad: _____

_____ Catechist 9-12 (Exempt from enrollment fee)

_____ Catechist Confirmation Prep (Exempt from enrollment fee)

_____ Small Group Co-Leader for HS program 9-12

_____ Small Group Co-Leader for Confirmation program

_____ Host Home for Confirmation Class (not a teaching duty – simply open your home to host eight 2hour sessions for a group of 10 to 12 students plus teacher and co-leader.

_____ Security / Safe Environment Building Monitor During Classes (half year commitment)

_____ Assist with Special Events (On-Call Basis)

_____ Bible Study Leader

_____ 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 2011-2012**

For High School Students Only - Please return this form and all required registration forms.

Please Print NEATLY

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

Use of Pictures and Videos – Year 2011/2012

I give permission for pictures and/or video of my child _____ engaged in activities related any St. Bede event to have their pictures posted in the St. Bede publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian.

Select one:

YES or NO

Parent/Guardian Signature: _____ Date: _____

Sports and Activity Waiver- Year 2011/2012

I release St. Bede from any liability associated with my child _____'s participation in sports/activities sponsored by St. Bede Youth Ministry.

Parent/Guardian Signature: _____ Date: _____

