

# Saint Bede Religious Education Enrollment Information School Year 2011-2012

<b>Elementary School Classes K – 5</b> Held at Walsingham Academy Lower School 1100 Jamestown Road Sunday, 9:00-10:10 am	<b>Middle School Classes 6 – 8</b> Held at Walsingham Academy Upper School 1100 Jamestown Road Sunday, 9:00-10:10 am	<b>Classes Begin Sunday September 18, 2011</b>
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## CONTACT INFORMATION:

## TUITION FEES:

Director of Religious Education Grades K – 8 Cass Hooker, Email: <a href="mailto:chooker@bedeva.org">chooker@bedeva.org</a> Office Address: 10 Harrison Avenue (Parish Center) Williamsburg, VA 23185 Phone No. : 757-229-3700 ext. 2209 Fax No.: 757-229-5361 Office Hours: Mon-Thur 9:00am-4:30pm	1 Student = \$ 75.00 2 Students = \$ 85.00 3+ Students = \$ 95.00
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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.**

**Full legal names should be supplied for all students and parent(s)/guardian(s).**

**Please return *Parent Information, Student Information and Parent Support Sign up forms* and your payment in the enclosed envelope.**

**Make checks payable to: Saint Bede Catholic Church.**

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

**Classroom assignment(s), map, school calendar and any carline information will be mailed to you prior to the start of school in September.**

# Saint Bede Religious Education *Parent Information*

**\*PLEASE PRINT\***

<b>Parent/Guardian Name(s):</b>		
<b>Father: First</b> _____	<b>M.I.</b> _____	<b>Last</b> _____
<b>Mother: First</b> _____	<b>M.I.</b> _____	<b>Last</b> _____
<b>Mailing Address:</b> _____		
<b>City/State:</b> _____	<b>Zip Code:</b> _____	
<b>Home Phone No.:</b> _____		
<b>Cell Phone No.: Father</b> _____	<b>Mother</b> _____	
<b>**Email Address: (required)</b> _____		

**\*\*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 office/school).**

### Parent Consent/Use of Pictures and/or Video

I give permission for pictures and/or video of my (child/children) engaged in Religious Education classes and /or related activities to be published in Williamsburg's local newspapers and/or Saint Bede's Website of any Diocese of Richmond publications or websites.

**YES**     **NO**    **Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

**Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_ **Family ID#:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_

**Saint Bede Elementary School Registration Form**  
**Student Information**  
**Grades K – 8**  
**\*Please Print\***

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Is this a Home Schooling Registration? Yes: \_\_\_\_\_

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: \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_  
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1<sup>st</sup> 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: \_\_\_\_\_

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: \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_  
Celebration Date Church of Celebration Address of the Church of Celebration (City/St/Zip)

1<sup>st</sup> 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: \_\_\_\_\_

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