

St John the Evangelist Church  
Religious Education  
271 Winchester Street  
Warrenton, VA 20186  
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REGISTRATION FORM  
RELIGIOUS EDUCATION  
GRADES K – 8TH



A.A.D.C.

*Religious Education Policy*

Religious education is a two-fold commitment to fulfill the promises made at your child's Baptism. It is essential to attend Mass every Sunday and all Holy Days of Obligation, to integrate daily prayer and frequent the Sacrament of Penance.

Annual attendance in Religious Education classes must be consecutive and all class work completed for advancement to the next level of catechesis. Frequent absence from class may result in the child being held back until the following year. This includes Sacramental reception. If a significant amount of catechetical training has been missed prior to the reception of a Sacrament, the child may be recommended to the (RCIC/RCIA) program.

Mitigating circumstances will be reviewed by the DRE (Director of Religious Education) and the Pastor, and a final decision will then be made. Please be aware of the following:

- Catechetical home schooling is allowed only if the child is home schooled in all other subjects.
- The Diocese of Arlington does not recognize or approve any sacramental on line editions for catechesis of our children.
- Lack of participation in class or disorderly conduct will be counted as absence from class.

**Classes begin in mid – September.** Watch **Web & Bulletin** for exact dates. We will make every effort to honor your session request. However, because of limited space and volunteers we will assign classes on a first come, first serve basis. If your child has scheduling limitations, please register early, bearing in mind that your child's religious education must be your top priority and they need to be able to attend your chosen session all year.

Sacraments received during the **2<sup>nd</sup> Grade year** – 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Eucharist  
Catechesis for Confirmation ~ during the **8<sup>th</sup> Grade year** – Reception of Confirmation = Fall of **9<sup>th</sup> Grade**  
**RCIC** – children who have not received Baptism and/or scheduled Sacraments in 2<sup>nd</sup> and 8<sup>th</sup> grade are **required** to attend RCIC (Rite of Christian Initiation for Children)

**REQUIRED PAPERWORK FOR 1<sup>ST</sup> COMMUNION & CONFIRMATION –  
COPY OF BAPTISMAL CERTIFICATE**

Please select from the following **SESSIONS**:

<u>Session</u>	<u>Grades</u>	<u>Day and Time</u>
Session 1	<b>K – 7<sup>th</sup> Grade &amp; RCIC (see note above)</b>	Sunday 10:30 a.m. – 11:45 a.m.
Session 2	<b>K – 8<sup>th</sup> Grade</b>	Sunday 12:30 p.m. – 1:45 p.m.

**REGISTRATION DEADLINE IS AUGUST 31<sup>ST</sup>**

**REGISTRATION FEES:**

**Pre-Registration (Before June 15<sup>th</sup>)**  
**Discounted** fees are as follows:  
1-3 children: \$55.00 per child  
More than 3 children: \$165.00 total.

**Regular Registration (After June 15<sup>th</sup>)**  
Regular fees are as follows:  
1-3 children: \$65.00 per child  
More than 3 children: \$195.00 total

**Sacramental Fees:**  
RCIA & 1<sup>st</sup> Communion  
Class: \$20.00

*I have read and understand the RE Policy (on previous page) and agree to follow the policies of the Religious Education Program*

<b>Office use only</b>	
Amount due:	_____
Amount Paid:	_____
Date Paid:	_____
Check #:	_____
Received by:	_____
Bapt. Certificate Rec'd	_____

\_\_\_\_\_  
Signature of Parent or Guardian

**Student Information: Please Print**

**LAST RELIGIOUS ED. CLASS ATTENDED: GR \_\_\_ YR \_\_\_ PARISH \_\_\_\_\_**

Legal Name (Last, first)	Gender	<u>Grades: Kindergarten – 8<sup>th</sup></u> Birthday      Session		Grade	Sacraments <u>Already</u> Received (Baptism, First Communion, Confirmation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Legal Name (Last, first)	Gender	<u>RCIC Grades 3-12(see note on page 1)</u> Birthday      Session		Grade	Sacraments <u>Already</u> Received (Baptism, First Communion, Confirmation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

School student currently attends \_\_\_\_\_

**Family Information:**

If there is a family situation, such as divorce, separation, shared custody, visitation on alternate weekends, etc., that would preclude your children's attendance on a regular basis, please let us know. We want to do everything possible to ensure that your children are properly catechized. Please explain any LEARNING, or FAMILY concerns of which the director and/or the teacher should be aware:

\_\_\_\_\_

Mother's Name (first last): \_\_\_\_\_ Work/cell #s: \_\_\_\_\_

Father's Name (first last): \_\_\_\_\_ Work/cell #s: \_\_\_\_\_

Family's Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street and number)

Home #: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip)

Emergency Contact's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Names of those authorized to sign out children K – 5 or pick up children 6 – 8, after classes, (include siblings who are at least 12 years old or older): \_\_\_\_\_

<p>Are you a registered member of this Parish? YES ___ NO ___ If you are NOT a registered member of St. John the Evangelist, please fill out a Parish Registration form available at the Parish Office.</p>
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**Opportunities to Volunteer**

Catechist in grades: _____	Jesus Day retreat (1 <sup>st</sup> Communion) _____	May Coronation _____
Substitute in grades: _____	Event Set-up/clean-up _____	Help by using talents i.e., sewing, woodwork, singing, crafts, calligraphy, etc: _____
Classroom aide in grades: _____	Confirmation Team (retreat/events/trips) _____	
Special Events for Grades: _____	Baby Sitter for Catechist's children _____	Other: _____

**MEDICAL RELEASE FORM:**

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Information: Allergies (medication, food, other): Clarify which child please.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special conditions or needs, e.g.: dietary, asthma, walking assistance, bee stings, allergies, other concerns: Please clarify which child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Information: Company Name: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Parent: I, \_\_\_\_\_, in consideration of the benefits derived, and in view of the fact that St. John the Evangelist Catholic Church is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child (children) in the activity of religious education classes.

In the event I cannot be reached, I hereby grant permission for my son (s) and/or daughter (s) to be evaluated, diagnosed, treated and or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. John the Evangelist leader to ensure emergency medical treatment for my child (children) if I cannot be contacted. I relieve St. John the Evangelist Parish, its agents and the Diocese of Arlington of all responsibility and consequences that may arise as a result of the emergency treatment or administration of minor medications. Furthermore, I agree to accept all responsibility as a result of scheduling such treatment.

My child (ren) agrees to abide by all the rules and regulations. I understand that St. John the Evangelist Parish, its agents, and the Diocese of Arlington will not be held liable if my child fails to cooperate with the rules and safety measures.

Signed \_\_\_\_\_

Date: \_\_\_\_\_