

Date: ____/____/____

St. John the Evangelist Religious Education Family Registration Form 2009–2010

Phone: 540-347-2922 ext. 212

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Revised: 4/01/09

Volunteer Ministries in Religious Education:

Teachers and Aides receive preferences on class assignments for their children. Aides are expected to substitute for the teacher when needed. Teachers and aides must submit the Teacher/Aide application, and the signed Oath of Fidelity to the Church. These documents are available on the RE web-page. Teachers and aides must complete the required paperwork for background checks and become VIRTUS trained. **New Catechists and Aides are required to attend a training session in August (TBA). All Catechists and Aides** are required to attend a teacher meeting in August (TBA). Please **check** the areas of interest:

Teacher _____ Assistant Teacher _____ Other _____

Grade Preference for teaching/assisting: _____ Session you prefer to teach: _____

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

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 rule and safety measures.

Signed _____

Date: _____