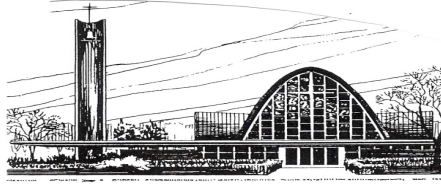


2011-2012 Religious Education Registration



ST. BERNARD RELIGIOUS EDUCATION
 P.O. BOX 620187
 MIDDLETON, WI 53562-0187
 Phone: (608)831-6531

OFFICE USE ONLY

Date Received: _____
 Registration Fee: \$ _____ # _____
 \$25 Sacramental Fee: \$ _____ # _____
 \$45 HS Retreat Fee: \$ _____ # _____
 \$55 Conf Retreat Fee: \$ _____ # _____

Teaching OR Team Teaching

TOM SPINELLI, DRE (Grs. 9-11)
KATHY NELSON, DRE (Preschool-Gr. 8)

 FAMILY SURNAME

 PARENT(S) FIRST NAME(S)

 STREET ADDRESS

 CITY STATE ZIP

 HOME PHONE

 WORK PHONE (father)

 WORK PHONE (mother)

 FAMILY E-MAIL ADDRESS

 EMERGENCY NAME

 EMERGENCY PHONE

Please check here if the above contains address, phone, or e-mail changes.

GENERAL REGISTRATION INFORMATION - COMPLETE 1 FORM PER FAMILY

- ▶ Registration is \$50 per student—accepted on a first-come, first-serve basis.
- ▶ Enter the grade level(s) for this fall.
- ▶ Download and keep the Religious Education Schedule for specific dates for each grade. Highlight your selections on the schedule. **We will contact you only if you do not get your first choice of class time.**
- ▶ Return to the Religious Education Office:
 - (1) this completed General Registration Information form (**only 1 per family**);
 - (2) registration fees, sacramental fees, and retreat fees; and
 - (3) all appropriate Grade Level Form/s.
- ▶ For questions about Grs 9-11, please contact Tom Spinelli: toms@stbmidd.org (831-6531 x 326).
 For questions about Preschool-Gr 8, please contact Kathy Nelson: kathy@stbmidd.org (831-6531 x 327).

FEE INFORMATION:

- Registration fee is enclosed
- Registration fees** waived because family member will **Teach** _____ (or) **Team-Teach** _____
 Name: _____ Preferred grade: _____ Preferred time: _____
 Completed (or working towards) VIRTUS training on _____
- \$25 sacramental fee High School Retreat fee Confirmation Retreat fee
 Fees for sacramental preparation and retreats are not waived for teachers.
- If full fee is not enclosed, please explain: _____

* * * * *

I will **volunteer as a substitute teacher**

Name: _____

Preferred grade: _____

Preferred time: _____

GRADE LEVEL FORM FOR PRESCHOOL/KINDERGARTEN/GRADES 1-5

Return the General Registration/Fee Information Sheet and Grade Level Form/s to the Rel Ed Office. For questions, please contact Kathy Nelson: kathy@stbmidd.org or 831-6531 x 327.

My child, _____, has special needs for class attendance. Describe: _____

PRESCHOOL	Beginning September 25, 2011
	Class Time: Sundays at 9:00 am
	Prerequisite: Preschoolers must be 4 years of age by 8/31/2011.
Full Name _____	Grade <u>Preschool</u>
School Attending _____	Allergies: _____

KINDERGARTEN	Beginning September 25, 2011
	Class Time: Sundays at 10:00 am
	Children should be in Kindergarten during the 2011-2012 school year.
Full Name _____	Grade <u>Kindergarten</u>
School Attending _____	Allergies: _____

GRADES 1-5	Beginning the week of September 25/26, 2011		
GRADE 1 CLASS TIME OPTIONS:	GRADES 2-5 CLASS TIME OPTIONS:		
Sunday at 9:00 or 10:00 am	Sunday at 10:00 am OR		
Monday at 4:30 pm	Monday at 4:30 pm		
Name _____	Grade _____	1 st Choice _____	Allergies _____
		2 nd Choice _____	
Name _____	Grade _____	1 st Choice _____	Allergies _____
		2 nd Choice _____	
Name _____	Grade _____	1 st Choice _____	Allergies _____
		2 nd Choice _____	
School attending _____			
FIRST PENANCE and FIRST COMMUNION (Grade 2 or older):			
▶ An additional \$25 fee for children preparing for these sacraments. See the Religious Education Schedule for the Parent & Family preparation meeting dates.			
▶ If your child was not baptized at St. Bernard's, please attach/enclose a copy of his/her Baptismal Certificate to this form. If you do not have a certificate, please complete the following information:			
Date of Baptism _____	Church of Baptism _____	Address _____	
		City _____	State _____ Zip _____