

St. Clement of Rome Catholic Church

Religious Education Registration

Grades 1-8 / 2024-25 / (586)752-6591

Family Last Name _____ Home Phone _____ Date _____

Address _____ City _____ Zip _____

Mother's First / Last / & (Maiden) Name _____ Father's First / Last Name _____

Religion _____ Religion _____

Email Address _____ Email Address _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Are you a registered member of St. Clement - Yes / No If not, which parish _____

Emergency Contact _____ If needed: Primary Custody _____

Signature _____

Signature _____

		Grade in School Year	Birthday	Please check Sacraments Received			MON 4:30	MON 6:30	TUES 4:30	TUES 6:30	7th Grade Tues 4:30 or Tues 6:30 or Sun. 9:00	8th Grade Sunday 9:00
				Baptism	Eucharist	Reconciliation						
Child(ren's) Name		2024/2025										
	M / F											
	M / F											
	M / F											
	M / F											
	M / F											

Baptism Certificate required for registration

*New policy, an original *baptismal record with official seal* must be provided with each child's registration, whether child(ren) is new or returning. If baptized at St. Clement, date of baptism (even if approximate) is required .

Payment Information

Family Fee **\$100.00**

Book Fee (**\$25.00 per child**) _____

Confirmation Sacrament Fee \$40 for Retreats/Prep _____

Total Charge _____

Office Use Only

Date Received _____

Total Amount Paid _____

Cash _____

Check # _____

If the payment of fees will cause your family an undue hardship, please contact the Religious Education office at (586)752-6591.

Medical / Health Information

Does your child(ren) need specialized assistance in the classroom? Yes/No (circle one). If your child(ren) has/have medical or learning needs that would be important for your child's catechist to know about, please describe below (for example, does your child need to be seated closer to the front because of hearing or vision issues, other difficulties, epi-pen, allergies, etc.). Please give details per child.

PARTICIPATION AND PHOTO WAIVERS

As a parent/guardian of the child(ren) listed on this form, permission is hereby given for my child(ren) to participate in activities sponsored by St. Clement of Rome. I recognize that engaging in the activities at St. Clement of Rome may expose my child(ren) to the possibility of physical injury and agree to hold St. Clement of Rome harmless, as well as their employees, organizers, and any volunteers assisting in the programs, from liability and claims arising out of my child's participation in the programs subsidiaries, and related activities.

_____ I have read the above Participation Waiver.

Parent's Initials

As part of the St. Clement of Rome education programs, audio/visual images are occasionally taken of the individuals and/or families participating in activities and events, and then published in our bulletin, and at times other media sources, (i.e. Facebook). I/we allow the use of these visual images to be used by St. Clement parish for these purposes, provided it doesn't slander or make false claims against any person or institution. FAMILY NAME ONLY WILL BE USED.

_____ **Yes, you may use pictures of my child(ren).**

Parent's initials

_____ **No, you may not use pictures of my child(ren).**

Parent's initials

Volunteer Information - I am willing to help by volunteering (circle all that apply):

Catechist / Sub-Catechist / Office Help

Catechist Aide / General Help / Children's Liturgy Leader / VBS Leader / Hospitality
