

Sts. Rose and Clement Faith Formation Registration Form

2023-2024 School Year

Registration Fee: \$ 50.00 plus an additional \$10.00 for sacramental year (Grades 2 and 9 only)

**Late fee of \$5 will be added for all registrations received after Oct 1st**

**You must be a registered parishioner for your child to attend religious education classes**

(Payable by cash or check by mail; in person; or collection basket Attn: Faith Formation)

**\*\*ALL INFORMATION MUST BE PROVIDED**

**IN ORDER FOR REGISTRATION TO BE PROCESSED\*\***

Child's Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registered member of Sts. Rose and Clement? Yes \_\_\_\_\_ No \_\_\_\_\_

Last Grade of School attended: \_\_\_\_\_ School (and City): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Allergies: \_\_\_\_\_ Learning Disabilities: \_\_\_\_\_

Last Grade of Religious Education attended: \_\_\_\_\_ Parish (and City): \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child(ren) reside(s) with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other (specify) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sacraments:**

Has your child been BAPTIZED: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
Street City State Zip Code

Has a copy of the Baptismal Certificate been given to the office: Yes \_\_\_\_\_ No \_\_\_\_\_

**(Note:** Baptisms performed at Sts. Rose and Clement remain on file and no certificate is necessary)

Has your child received CONFESSION: Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child received FIRST COMMUNION: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please review and sign policy form located on the next page and return with this form.**

Office Use Only

Paid: \_\_\_\_\_ Check # \_\_\_\_\_

## **Sts. Rose and Clement Religious Education Policies Grades 1-8**

- Classes meet select Sundays from 9:00 am to 10:15 am. The class schedule can be found at the Saints Rose and Clement website on the religious education tab.
- Attending Mass and receiving the Eucharist is an important part of our Catholic faith. Parents, we humbly ask for your partnership in teaching your children the importance of Mass by bringing them to church. **Grade 2 students especially are required to attend Mass on a regular basis as this is a Sacramental year for them.**
- When students are late to class, it is disruptive to both the teacher and other students. Hall doors will be locked at 9:10 am.
- Children in grades 1-5 must be escorted into the hall by a parent/guardian only. This is for the safety of the students. Please go to table in hall set up for your child's grade level. Teacher's will be at table and will take students to classroom once it is time.
- Children in grades 1-5 must be picked up in Hall by 10:15 am by an adult only. Since some of our teachers go to 10:30 am mass, please be on time.
- If your child is going to be absent, please email Christine Reilly at [creilly@ssrcrri.com](mailto:creilly@ssrcrri.com)
- After three absences a meeting with the Director of Religious Education may be required. **Families are allowed three absences a year without makeup work being due.** Any makeup work, if applicable, will be sent via email for completion purposes. Not completing makeup work may result in your child repeating the grade.
- Cell phone use is not allowed during class.
- Parents are responsible for any damage their child(ren) cause to Sts. Rose and Clement property. Please talk with your child(ren) about respecting church property
- I give permission that photos of my child(ren) may be taken and used in Sts. Rose and Clement publications including web and print media. \_\_\_\_\_Yes \_\_\_\_\_No
- I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I or my emergency contact cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by Sts. Rose and Clement Church or the Diocese of Providence for claims that may arise.

**I have read and agree to policies listed above.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_