

St Pius X

Religious Education Registration

2621 Highway 20 SE, Conyers, GA 30013-2424 (770) 929-1017

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above _____

Email: _____

Home Address: _____

Both Parents Catholic? Y ___ N ___

Child Birthdate Sex Grade Session Room Class

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child Birthdate Sex Grade Session Room Class

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child Birthdate Sex Grade Session Room Class

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child Birthdate Sex Grade Session Room Class

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____

Media Release

Yes _____ No _____

My child's photograph may be taken in groups of 2 or more and displayed either on the website of the church (www.spxconyers.com) and/or the website of the Archdiocese of Atlanta (www.archatl.com), or any other media.

Medical Release

Yes _____ No _____

If we are unable to reach a Parent or Legal Guardian, permission is granted to seek medical attention if necessary.

St. Pius X Faith Formation department will present a sexual abuse prevention program, **VIRTUS - Teaching Touching Safety**, to our students. This program is provided to us by the Archdiocese of Atlanta and is a part of our ongoing effort to help create and maintain safe environments for all children and youth and to protect all of them from sexual abuse.

The scheduled lesson is being offered to all students grades K-12. As a parent, you have the right to choose whether your student participates in the program. We encourage you to review the materials assigned to your child's age group to understand exactly what your child will be taught. All these materials are available at <http://archatl.com/ministries-services/safe-environment/grades-k-12/safe-environment-lesson-plans/> using the Password: **V1rtus**.

Check all boxes that apply, sign and print name.

I hereby grant my approval for my child, _____, to attend the training described in this notice.

I decline to grant my approval for my child, Child's Name _____, to attend the training described in this notice; but, I understand that as the primary educator of my child the church requests that I certify that I have provided such training to my child within the family by returning this form to my child's teacher.

I will allow the Archdiocese to conduct this training. As the primary educator of my child, I will also attend the presentation with my child when the presentation is being made.

I request to review all materials prior to allowing my child to attend the training described in this notice. **I will notify you in writing if my child will not be attending the training once I have reviewed the material.** I will review the materials on-line using the Password: **V1rtus** at <http://archatl.com/ministries-services/safe-environment/grades-k-12/safe-environment-lesson-plans/>.

Parent's Name (printed): _____

Parent's Signature: _____ Date: _____

FEES-All balances from 2017-2018 schoolyear must be paid in full before registering for upcoming school year. A deposit for the upcoming (2018-2019) year must be paid at time of registration, and balances should be paid in full by January 1, 2019. Cash, Check or Credit Card Accepted.

Number of Students	Registration Fee BEFORE August 20, 2018	Registration Fee AFTER August 20, 2018	Sacramental Prep Fee (1 st Eucharist & Confirmation)
1 Student	\$75.00	\$90.00	\$35.00 per student
2 Students	\$125.00	\$140.00	\$35.00 per student
3+ Students	\$175.00	\$190.00	\$35.00 per student

Payment Preference

- Make full payment today.
- Make payments. Initial deposit of 50% required at time of registration. **All balances are due full by January 1, 2019.**
- Utilize the on-line giving option for my payment.
- Assist the Faith Formation program for the year, making me eligible to receive a \$30/child discount
- Request a partial scholarship. Separate form required. **Based on pastor's approval.**

STAFF USE

Tuition:		
Sacrament Fee(s):		
Late Fee:		
Catechist Discount:		
Deposit/Payment:		
BALANCE DUE:		

I understand that I am responsible for the payment of these fees unless I notify the Religious Education office in writing of my decision to withdraw my student(s) from class.

Signature: _____