



School of Religion (SOR) Registration Form 2016—2017

Class times: Wednesday evening, 6:00-7:10PM – 4 years to 8th grade

Paid:
Amount \$ _____
Check# _____
Cash _____
Date _____

Child(ren)'s last name _____

Phone numbers: cell (_____) _____ home (_____) _____

First and last names of parents with whom child(ren) live:

Father _____ Religious preference _____
email _____

Mother _____ Religious preference _____
email _____

Address _____
Street City Zip

Relative, neighbor or friend we can contact in emergency:

Name _____ Relationship _____ Phone(_____) _____

If there is any legal reason we should not release your child(ren) to an estranged parent, please indicate on the other side.

Are you registered in the parish? Yes ___ No ___

Child(ren) in Pre-K through 8th grade attending School of Religion 2016—2017

Name	Birth Date	Grade	School	Sacraments Received (check)		
				Baptism	Reconciliation	Communion

Special Needs/Food Allergies

If any of the above children has special needs of which we should be aware, please indicate on back of this sheet. Also, please list any food allergies for when we have treats during class.

Fees

Fee: \$30 for first child; \$15 for each additional child/ \$60 per family
(Financial assistance is available. Contact the Parish Office, 942-2492)

Parent Meeting

The first night of classes we will meet with parents as well. Parents will receive the SOR calendar at that time.

— Continued on back —

Permissions (check as appropriate and sign below)

Permission for Photography

_____ I hereby grant permission for to the Catholic Diocese of Kansas City- Saint Joseph, its parishes and institutions, for this child to be included in photographs, images, videos, and other recordings made in connection with Saint Thomas More. I also grant the Diocese the right to use, publish, exhibit, or distribute such photographs for purposes of advertising, promoting, or marketing the Diocese and its parishes or other institutions. I understand that I have no copyright interest in such photographs and the Diocese need not obtain further approval from me to use the photographs.

_____ I do not wish for my child to be included in photographs, images, videos, and other recordings.

Circle of Grace (Personal Safety Curriculum)

_____ I give permission for my child to participate in the Circle of Grace lessons.

_____ I do not wish for my child to participate in the Circle of Grace lessons.

Parent signature _____

Volunteer Opportunities

SOR is a volunteer-run program. Please check ways you would be willing to help or are interested in learning more about:

_____ Catechist (teacher)

_____ Substitute catechist

_____ Office helper

_____ Co-catechist

_____ Hall monitor

Comments:
