

Paid _____
Check _____

ST. COLUMBAN RELIGIOUS EDUCATION
PRESCHOOL REGISTRATION 2007-2008

Please return this form along with the registration fee of \$50 per child. Checks should be made out to St. Columban. Catechists do not have to pay fees for their children.

1. Child's Name _____ Sex _____ Date of Birth _____

Circle class preferred: 3s 4s 5s K

2. Child's Name _____ Sex _____ Date of Birth _____

Circle class preferred: 3s 4s 5s K

3. Child's Name _____ Sex _____ Date of Birth _____

Circle class preferred: 3s 4s 5s K

PARENT'S NAME(S) _____

ADDRESS _____

HOME PHONE # _____ E-MAIL _____

Please list here any food allergies or other important information that would be helpful to the catechist.

Our excellent program runs smoothly with the help of volunteers. Please check the area below in which you will be able to help. If you have any talents or ideas which you think would be helpful to our program, please call Terri Kerley, 683-0105.

_____ Be one of 2 or 3 Co-Coordiators, who take turns working with the Coordinator on Sunday mornings.

_____ Be a Catechist I have attended the child protection class and been fingerprinted

Age preferred _____ Send me information about these requirements.

_____ Be a substitute Catechist.

_____ Be a Scripture Storyteller-(About once a month)

_____ Take parent packet to do preparation work at home (cutting, pasting, etc)

_____ Volunteer to help during Advent or Holy Week Celebration

I give permission for my child(ren) to attend preschool religion classes at St. Columban during the 2007-2008 school year.

(Date)

(Signature of parent or guardian)