*Transfiguration Catholic Community*

*Staffed by The Missionaries of St. Paul* 775 West Hamburg Street

Phone: 410-685-5044  Fax: 410-625-2406 Baltimore, Maryland 21230

Alan Cramblitt, CRE Phone: 443-569-1037 Office of Faith Formation

**RELIGIOUS EDUCATION REGISTRATION FORM:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD’S NAME  LAST FIRST MIDDLE | | | | | | CHILD PREFERS TO BE CALLED: | | |  | | |
| ADDRESS | | | CITY/STATE | | | | | ZIP |  | | |
| E-MAIL | PHONE NUMBER (HOME)  **( ) -** | | | | CELLPHONE  **( ) -** | | | |  | | |
| SCHOOL CHILD ATTENDS: | | | | GRADE | DATE OF BIRTH  / / | | | |  | AGE | | |
| Status of Parents: **🔳** Married; **🔳** Divorced; **🔳** Separated; **🔳** Single Parent; **🔳** Other  Child lives with: **🔳** Parents; **🔳** Father; **🔳** Mother; **🔳** Other (explain): | | | | | | | | |  | | |
| **FATHER** NAME:  LAST, FIRST, MIDDLE INITIAL | | | | | | | | |  | | |
| **FATHER**’S ADDRESS IF NOT SAME AS ABOVE | | | | | | | | |  | | |
| **FATHER**’S RELIGION | | OCCUPATION/WORK NUMBER **For emergencies**  **( ) -** | | | | | | |  | | |
| E-MAIL  SAME AS ABOVE | | CELL NUMBER  **( ) -** | | | | | | |  | | |
| **MOTHER** NAME: **MOTHER’S MAIDEN NAME**  LAST, FIRST, MIDDLE INITIAL | | | | | | | | |  | | |
| **MOTHER**’S ADDRESS IF NOT SAME AS ABOVE | | | | | | | | |  | | |
| **MOTHER**’S RELIGION | | OCCUPATION/WORK NUMBER **For emergencies**  **( ) -** | | | | | | |  | | |
| E-MAIL  SAME AS ABOVE | | CELL NUMBER  **( ) -** | | | | | | |  | | |
| **IF CHECKED “OTHER” ABOVE, PLEASE SPECIFY:** | | RELATIONSHIP TO CHILD | | | | | | |  | | |
| Does your child have any special learning needs? If yes, please explain | | | | | | |  | NO |  | | YES |
| Does your child have food allergies? If yes, please explain | | | | | | |  | NO |  | | YES |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT (DURING CLASS TIME)** | **PHONE:** |
| I Would Like My Child To:  Be Baptized Prepare For Reconciliation And First Communion (Gr. 2 & Older) Make A Profession Of Faith Prepare For Confirmation (Gr. 8 thru 12)   I Would Like My Child to learn about God, Jesus Christ & the Holy Spirit | |

**Sacrament information required Continue to the back of this form**

**Marked NONE if your child has not received their sacraments**

**Sacraments Received:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sacrament** | **Church** | **Church Address** | **Year** |
| **Baptism** |  |  |  |
| **Reconciliation** |  |  |  |
| **Eucharist** |  |  |  |

|  |  |
| --- | --- |
| **Circle grades of Religious Education completed: K 1 2 3 4 5 6 7 8** | |
| **Church if not at Transfiguration** | **Church address** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child have internet access? |  | NO |  | YES |
| Would you work with your child online for enrichment activities? |  | NO |  | YES |

**Parents/Guardians:** Be advised that pictures may be taken of the children during class or on retreats and may be displayed in the church, on the web page or submitted to publications like The Catholic Review. Children will not be identified, without specific written consent. Parents/Guardians, who do not wish to have their child/children photographed, should notify the Religious Education Office in writing.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**Parents/Guardians:** In 1986, Archbishop William D. Borders called for the implementation of catechesis for human sexuality. This decision was prompted when the Vatican Congregation for Catholic Education published the document *Education Guidance in Human Love* in 1983 specifically calling for the implementation of catechesis for human sexuality.

This program will be taught in addition to the regular curriculum. As much as possible, this catechesis will be incorporated into the regular lessons each week. Students will bring home books (the *Growing in Love* series by Harcourt Religion Publishers) that are designed to promote healthy discussions and strengthen the connection between the classroom and home.

The Archdiocese recommends this important undertaking so that our children are receiving clear and

consistent information concerning sexuality within the context of the Church’s teachings.

* I give permission for my child to participate in the *Growing in Love* curriculum.

* I OPT OUT of the *Growing in Love* curriculum; please let me know when you offer this program so I can keep my child at home.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Where will you be during Religious Education Classes?

Are you interested in Adult Faith Sharing or Bible Study?

Volunteers are welcome and encouraged. *In order to volunteer, adults and teens must be certified and fill out an application form.* If you are interested, contact the Coordinator of Religious Education

Are you a registered parishioner of Transfiguration Catholic Community?  Yes-Envelope Number \_\_\_\_\_\_\_\_\_\_\_\_\_  No