



**St. Joseph Parish**  
371 E. Main Street  
Middletown, DE 19709  
302-378-5800  
[www.stjosephmiddletown.com](http://www.stjosephmiddletown.com)

March 1, 2017

Dear Parents,

Welcome to the Parish Religious Education Program for 2017-2018. Religious Education registrations are accepted from registered parishioners on a first-come, first-served basis, from March 1, 2017 until September 1, 2017. *No registrations will be accepted after September 1, 2017*, except from families that are relocating to our parish, moving from their existing religious education program to our program. In order to ensure both the accuracy of our records and the safety of our students, we will be unable to process any registration that does not include *all* required information, payment, and/or documentation.

- The program offers sessions during the summer and the fall, so please read all session schedules and absence policies carefully before choosing one that will work best for you and your family.
- We accept several methods of payment for your convenience. Tuition fees are as follows:  
One Child: \$180.00    Two Children: \$260.00    Three or More Children: \$340.00
- A “Form A Annual Consent and Release” must be filled out for *each* student and included with your registration.
- We also offer a Special Needs Religious Education program. Contact the Religious Education Office at 302.378.5800, ext. 107 for further information.
- If your child has completed grade one and is enrolling in grade two you must complete a separate form to register for the sacramental preparation of Reconciliation and Eucharist. This is a separate process from Religious Education class registration and has a separate schedule and fee.
- Registration confirmation will be sent via e-mail. We may also email you to inform you of any updates in the program. Please understand that at this time, we can only use one e-mail address.

St. Joseph Parish has one of the largest Religious Education programs in our diocese. We are blessed with many catechists that are willing to share their faith with our children. As our program grows, we are always in need of volunteers and gratefully welcome any parent that is willing to share *their* time and talent. We look forward to working with you and your family.

Mary M. Kirk  
Director of Religious Education

# Parish Religious Education Registration 2017-2018

Father's Full Name			Mother's Full Name		
Street Address	City	State	Zip	Primary E-mail	
Home:		Cell:		Work:	
Father's Phone Numbers					
Home:		Cell:		Work:	
Mother's Phone Numbers					

Student's Name	Birth Date	Rel. Ed. Grade Level	Attended Rel. Ed. at St. Joseph last year? <i>Yes or No*</i>	Medical Conditions	Special Learning Needs, 504 or IEP?	First & Second Session Choice

\*If your child is new to our program you must attach a copy of their baptismal certificate as well as official documentation of attendance from the previous Catholic school or parish Religious Education program (if applicable) or we will be unable to process your registration.

**Participation Covenant:** Please read the following statements carefully before signing.

- Attendance at each scheduled class is required in order to comply with the minimum number of instruction hours outlined by the diocese, the number of acceptable absences specific to the session you select. Absences may require your child to repeat his or her grade level.
- Weekly Mass attendance and participation in parish activities are integral and necessary components of our program. *I have read and fully understand the aforementioned statements:*

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Every parent is strongly encouraged to volunteer in some capacity. Training and resources will be provided. Please circle if you are interested in volunteering for any of the following positions:

**Catechist**

**Co-Catechist**

**Office Volunteer**

Volunteer Name: \_\_\_\_\_ Session: \_\_\_\_\_

Tuition fees are as follows:

One Child	\$180.00
Two Children	\$260.00
Three or More Children	\$340.00

We accept several methods of payment:

Cash  
 Check  
 Credit/Debit

Visa                       Mastercard  
 Discover                       American Express

Name as it appears on Credit/Debit Card:  
\_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card Authorization Signature:  
\_\_\_\_\_

If your family is experiencing extraordinary financial difficulty, contact the Religious Education office at 302.378.5800, ext. 108. No child will be denied enrollment because of an inability to pay. All information is confidential.

# FORM A: ANNUAL CONSENT AND RELEASE



## DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

**PARISH/SCHOOL** St. Joseph Parish 371 E. Main Street, Middletown, DE 19709

**Personal Information**

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Secondary Parent E-Mail	Emergency Cell Phone		

**Medical Information**

Family Doctor	Phone	
Family Dentist	Phone	
Insurance Provider	Policy#	Acct./ID#

- \*  Yes  No Has the young person ever been seen by a heart specialist for a heart condition?
- \*  Yes  No Has the young person had a broken bone in the past six (6) months?
- \*  Yes  No Has the young person had surgery in the past six (6) months?
- \*  Yes  No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- \*  Yes  No Is the young person allergic to bee stings?\*
- \*  Yes  No Does the young person have asthma?\*
- \*  Yes  No Are there any serious medical conditions of which the Youth Minister or Director/ Coordinator of Religious Education should be aware?\*

*\*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an \* above will not endanger the young person.*

Current Prescription Medications

Please list all allergies related to medicine, food, latex, etc.

**Parent/Guardian Information (Mother)**

Full Name of Mother/Stepmother		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

**Parent/Guardian Information (Father)**

Full Name of Father/Stepfather		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

School  Grade (Fall 2017)

**In Case of Emergency**

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

**Personal Electronic Technology Devices (PTD)**

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

**Permission and Hold Harmless**

**I hereby give my consent** for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

**I understand** that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

**I understand** that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

**I affirm** that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# St. Joseph Religious Education Program 2017-2018 Summer Class Schedules

## Session A 5:30-8:30 PM 5<sup>th</sup> -8<sup>th</sup> Grades Only

Class	Dates
1	June 5, 2017
2	June 6, 2017
3	June 7, 2017
4	June 8, 2017
5	June 9, 2017
6	June 12, 2017
7	June 13, 2017
8	June 14, 2017
9	June 15, 2017
10	June 16, 2017

## Session B 8:30-11:30 AM 1<sup>st</sup>-8<sup>th</sup> Grades

Class	Dates
1	June 19, 2017
2	June 20, 2017
3	June 21, 2017
4	June 22, 2017
5	June 23, 2017
6	June 26, 2017
7	June 27, 2017
8	June 28, 2107
9	June 29, 2017
10	June 30, 2017

**Please allow four weeks for registration processing. Session confirmation will be sent via e-mail.  
Sessions A & B allow for zero absences.**

# St. Joseph Religious Education Program 2017-2018 Summer Class Schedules

## Session C 12:30-3:30 PM 1<sup>st</sup>-4<sup>th</sup> Grades Only

Class	Dates
1	June 19, 2017
2	June 20, 2017
3	June 21, 2017
4	June 22, 2017
5	June 23, 2017
6	June 26, 2017
7	June 27, 2017
8	June 28, 2107
9	June 29, 2017
10	June 30, 2017

## Session D 8:30-11:30 AM 1<sup>st</sup>-8<sup>th</sup> Grades

Class	Date
1	July 24, 2017
2	July 25, 2017
3	July 26, 2017
4	July 27, 2017
5	July 28, 2017
6	July 31, 2017
7	August 1, 2017
8	August 2, 2017
9	August 3, 2017
10	August 4, 2017

Have a great summer!

**Please allow four weeks for registration processing. Session confirmation will be sent via e-mail. Sessions C & D allow for zero absences.**

# St. Joseph Religious Education Program 2017-2018 Fall Class Schedules

**Session E    8:45 AM-11:15 AM    1<sup>st</sup> -4<sup>th</sup> Grades Only**

Class	Dates
1	September 17, 2017
2	October 1, 2017
3	October 15, 2017
4	October 29, 2017
5	November 12, 2017
6	December 10, 2017
7	January 7, 2018
8	January 21, 2018
9	February 4, 2018
10	March 4, 2018
11	March 18, 2018
12	April 15, 2018
13	April 29, 2018 <span style="float: right;">Have a great summer!</span>

**Session F    8:45 AM-11:15 AM    5<sup>th</sup>-8<sup>th</sup> Grades Only**

Class	Dates
1	September 24, 2017
2	October 8, 2017
3	October 22, 2017
4	November 5, 2017
5	November 19, 2017
6	December 3, 2017
7	December 17, 2017
8	January 28, 2018
9	February 11, 2018
10	February 25, 2018
11	March 11, 2018
12	March 25, 2018
13	April 8, 2018 <span style="float: right;">Have a great summer!</span>

**Please allow four weeks for registration processing.** Session confirmation will be sent via e-mail. The above sessions will allow for two absences.

# St. Joseph Religious Education Program 2017-2018 Fall Class Schedules

Session G      11:45 AM-1:15 PM      1<sup>st</sup>-8<sup>th</sup> Grades

Class	Dates
1	September 17, 2017
2	September 24, 2017
3	October 1, 2017
4	October 8, 2017
5	October 15, 2017
6	October 22, 2017
7	October 29, 2017
8	November 5, 2017
9	November 12, 2017
10	November 19, 2017
11	December 3, 2017
12	December 10, 2017
13	December 17, 2017
14	January 7, 2018
15	January 21, 2018
16	January 28, 2018
17	February 4, 2018
18	February 11, 2018
19	February 25, 2018
20	March 4, 2018
21	March 11, 2018
22	March 18, 2018
23	March 25, 2018
24	April 8, 2018

Have a great summer!

**Please allow four weeks for registration processing.** Session confirmation will be sent via e-mail. The above session will allow for four absences.