

Side Two

We welcome your expertise and knowledge in all areas and would love for you to be part of teaching your child(ren) in your Religious Education classes! How would you like to help? Thank you!

Catechist* Substitute Catechist Co-Catechist* Nursery Care (for catechist's children)

Hall Monitor Office Assistant Class Aide Computer Assistance

Day/Time/Grade: _____

Special Class Needs & Medical Conditions

1. Does your child have any special education, learning, or developmental needs? (For example: ADD, ADHD, hyperactivity, autism, etc.) YES__ NO__

If you checked YES, please give child's name, grade and explain.

2. Does your child take medication or have any specific medical conditions of which we should be aware?

My child has: (please check)	Child's Name	Condition
<input type="checkbox"/> Medical Condition <i>(i.e. diabetes, epilepsy, acute asthma, cancer)</i>		
<input type="checkbox"/> Food Allergies (pls. specify)		
<input type="checkbox"/> Carries an epi-pen		
<input type="checkbox"/> Learning Disability		
<input type="checkbox"/> Other (pls. explain)		

Additional Requests and/or Comments:

*****CATHOLIC DIOCESE OF ARLINGTON - PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE*****

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or videotape for which my child(ren) have posed.

I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child(ren) with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.

I have read and understand the above

Parent Signature: _____

Date: _____

RELIGIOUS EDUCATION TUITION	ADMINISTRATIVE FEE	TOTAL FEES
1 child \$100	\$75/child for Confirmation: Fall, 2018	Rel. Ed. Tuition \$ _____
2 children \$140		Admin Fee \$ _____
3 or more Children \$180		Total Amt. Due \$ _____