

**Immaculate Conception Parish, Celina, OH**  
**Registration\Agreement Form for Discipline**  
**Grades One through Ten Religious Education Classes 2017-2018**  
Grades One thru Six Wednesday Evening (7:00 p.m. to 8:00 p.m.)  
Grades Seven thru Nine Wednesday Evening (7:00 p.m. to 8:15 p.m.)  
Tenth Grade (Confirmation) Sunday Morning (10:15 a.m. to 11:45 a.m.)

**This form along with medical & permission to be returned by Sept 13, 2017.**

Parents'/Guardians' Names \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Please Circle

Mother's Maiden Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Student(s)' Address \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

**STUDENT INFORMATION**

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**STUDENT #1**

Student's Name \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**STUDENT #2**

Student's Name \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**PLEASE SEE REVERSE SIDE**

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**STUDENT #3**

Student's Name \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**STUDENT #4**

Student's Name \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**Registration fee per student: \$45.00 if paid by May 10, 2017 \$50.00 if paid after May 10, 2017**

Amount paid \_\_\_\_\_ check\cash Check # \_\_\_\_\_

There is always a need for teachers and helpers in the religious education program.

Would you be willing to help? **Yes- No- Maybe- What area?** \_\_\_\_\_

**Policy for Discipline**

Only by mutual respect does effective learning take place in our Religious Education Program, it is vital for the spiritual, emotional and physical well being of all our students and staff that common courtesy be present at Immaculate Conception Parish.

A student will be given one opportunity to make amends for inappropriate behavior. Parents will be called immediately after the display of said behavior. If this inappropriate behavior continues, the student will be allowed to return to class if accompanied by a parent or guardian. If the student's behavior remains unacceptable the student will be asked to leave the Religious Education Program for the remainder of the school year.

The student may return to the program the following year returning to the grade level in which the student left.

We/I \_\_\_\_\_ have read & understand the Policy for Discipline. \_\_\_\_\_

Parent/guardian

Date