

St. Mark Catholic Church  
14740 Stumptown Road  
Huntersville, North Carolina 28078  
704-948-1306/www.stmarknc.org

**Religious Education k-7th Grade  
Registration Form  
2010-2011 School Year**

For Office Use Only  
Date: \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Bap Cert. \_\_\_\_\_

In order for your registration to be complete, your family must be registered at St. Mark and the following items must accompany this form:

1. A copy of the Baptismal certificate for each child making a Sacrament if not previously given)
2. Associated fees (make check payable to St. Mark Catholic Church)
3. Complete fully and return to education table (across from Parish Office) by June 15th.

There is a \$25.00 late fee per family for forms received after June 15th for students currently enrolled in our religious ed programs.

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_

(Communication by catechist and coordinators is done through email)

**Parents/Guardian**

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

If there is a custody or divorce situation, please list primary parent contact for all communication \_\_\_\_\_  
and corresponding email: \_\_\_\_\_ cell: \_\_\_\_\_

**Local Emergency Contact/Medical Insurance Information**

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

If I cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child(ren) listed on the inside of this registration.

\_\_\_\_\_  
Parent Signature

**Through our baptism each of us are called to serve Christ and others. The success of our program is only possible through the generosity of our families and parents. This year we are asking all of our parents to be involved with our program in at least one of the following capacities:**

(Please check a minimum of one)

**Weekly/Classroom** (registration fee is reduced by \$20.00 per child for co-catechist only, meal and sacrament fees are due)

Classroom—Co-catechist: (Grade): \_\_\_\_\_ Classroom Aide:(Grade) \_\_\_\_\_ Nursery Assistant: \_\_\_\_\_

**Service Projects 1-5th grade (assist w/seasonal service projects by grades)**

1st grade (clothing drive) \_\_\_\_\_ 2nd grade (Fall Festival Baskets) \_\_\_\_\_ 3rd grade (communicant cards) \_\_\_\_\_  
4th grade (food drive) \_\_\_\_\_ 5th grade (Jan school supply drive) \_\_\_\_\_

Works in nursery watching non-school age children of catechists teaching

**Service Project 6-7th grade** (help with Faith Rocks providing baby-sitting services monthly to our parish family. The baby-sitting dates are as follows: Fri, 11/5 6-10 pm \_\_\_\_\_, Fri, 12/10 6-10 pm \_\_\_\_\_, Fri, 2/11 6-10 pm \_\_\_\_\_, Fri, 3/12 6-10 pm \_\_\_\_\_, Fri 4/1 6-10 pm \_\_\_\_\_

**Faith Rocks 6th & 7th grade Fall Festival (Fri. Oct 28th 6:30—9 pm)**

Concessions: \_\_\_\_\_ Set-up: \_\_\_\_\_ Clean-up: \_\_\_\_\_ Planning Committee \_\_\_\_\_ Advertisement \_\_\_\_\_

**5th Grade Spring Social (date TBA)** Refreshment: \_\_\_\_\_ Planning: \_\_\_\_\_ Set-up: \_\_\_\_\_ Clean-up: \_\_\_\_\_

**Prayer Warriors**— weekly pray for our children and youth in our program and for all of our families here at St. Mark. To be a prayer warrior, you are asked to set-aside 30 minutes during the week in prayer for our students and families: \_\_\_\_\_

**Please list children on back**