



# Religious Education

**Cresson Catholic Community of**  
**St. Aloysius Parish & St. Francis Xavier Parish**  
 Rev. Leo F. Arnone, Pastor 814-886-2374  
 Director of Religious Education -- Deborah Baker • 886-7504

## RELIGIOUS EDUCATION REGISTRATION

Family Name: \_\_\_\_\_ Parish of Registration (Circle) SA FX

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Last Name \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Family Church Membership Number \_\_\_\_\_  
 (Envelope Number) Required for Registration

CHILD'S NAME	GRADE (Fall, 2023)	DOB	CHURCH OF BAPTISM & CITY, STATE	Indicate Child's Program: CCD, 2 <sup>nd</sup> grade Sacramental Prep Atrium Gr. 9-11 Confirmation Prep

**Field Trip/Photography Consent:**

I/we the parents of this student request that the Cresson Catholic Community Faith Formation Program allow my son/daughter to participate in outside activities that include leaving the school building, and walking to the church building and church grounds. This activity will always be under the supervision of the student's religious education teacher. I also give permission for my child's photo to be taken and displayed on the church's bulletin board, Catholic Register, parish websites or Internet.

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

**Volunteer Opportunities**

We are always in need of volunteers for our CCD Program. If you are willing to share your time, please circle the areas of interest you have:

\_\_\_\_\_ Catechist/Teacher

\_\_\_\_\_ Substitute Teacher

**Registration Fee:**

\$25 per student

\$15 per child for additional children

*If this fee causes a financial burden, please let us know.*

Check #	_____
Cash	_____
Amount Enclosed	
	\$ _____

**Parent Promise Contract**

*By signing this registration form, we the parents of the child/ren listed, understand that we are partners in the faith education of our children and we take that responsibility seriously.*

*We have read the Parent and Student Policies of the Cresson Catholic Community Religious Education Program and understand and agree with the policies as well as the operational rules of the program.*

*We agree to have our children attend weekly CCD classes.*

*My role as parent/catechist includes attending weekly Mass and Holy Days of Obligation, praying with my child/ren regularly and making a good faith attempt at homework given.*

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_