

Parish Catechetical Formation for Children

Our Parish Religious Education Program provides classes for children of all abilities. Children with cognitive, sensory, physical or social disabilities are welcome and encouraged to attend weekly classes. Our catechetical staff works with parents to offer the best experience for all the children.

Classes for Kindergarten through Level 8 are held on Wednesdays from 6:30 PM to 7:45 PM in the parish school building. Classes will begin on September 10, 2008 and will continue until May, 2008.

Tuition for the 2008-09 catechetical year is \$100 for one child, \$150 for two children, and \$200 for three or more children. Please make checks payable to Mother of Divine Providence.

Please click on the **(link)** to download a registration form. Return completed form and tuition to Theresa M. Gilmore, 333 Allendale Road, King of Prussia, PA 19406. For all newly registered children, please attach a copy of their baptismal certificate.

For more information please call 610-337-2173 or you may email to theresa.gilmore@mdpschool.com.

2008-2009 REGISTRATION
Mother of Divine Providence Parish – Religious Education
Wednesdays 6:30 PM – 7:45 PM

Family Last Name _____ Child's if Different _____
Address _____ Apt. # _____
Town and Zip _____
Phone () _____ [] unlisted **E-mail _____
Cell phone () _____

Emergency Contact Person – If you can't be reached at home on Wednesday evening:

Name _____ Phone _____
Doctor's Name _____ Phone _____

Registered in MDP Parish [] Yes [] No – Registered at _____
*** (If registered in another parish, we must have a letter of permission from your pastor.)*

Mass Attendance [] Weekly Other _____
Time of usual Mass attended _____

Father's Name _____ Religion _____
Mother's Name _____ Religion _____
Mother's Maiden Name _____

Confidential Family Information

[] Married [] Separated [] Divorced [] Re-married [] Single Parent [] Widow/er
If separated/divorced – will non-custodial parent bring child to class?

If re-married – name of step parent _____

Child resides with _____
Guardian Name – if other than parent/step-parent _____
Address (if different) _____
Phone (if different) _____

Person(s) responsible for religious formation of children

Name _____ Phone (if different) _____
Address (if different) _____

Family ethnic background (for annual pastoral report to the archdiocese)

[] Afro-American [] Asian [] Caucasian [] Latino

Tuition: \$100 for 1 child \$150 for 2 children \$200 for 3 or more children

Tuition must be paid by Sept. 10th – Make checks payable to: Mother of Divine Providence

Smart Money being used: \$ _____

Information on Smart money will be sent home in September.

OFFICIAL USE ONLY

Amount _____ Check # _____ Date Paid _____
Children _____ Database _____ Permanent record _____
Baptismal Certificates _____ Out of Parish: Pastor's Permission _____

VOLUNTEER INFORMATION

Our parish is blessed to have wonderful volunteers to help in the religious education program. We are most grateful to the men and women who help us before, during and after class. Please prayerfully consider your gifts and how you can use them to serve our parish:

- Catechist – teaches a class of approximately 15 children
- Catechist – Basic / Sacrament class for up to 5 children
- Team Catechist – shares the teaching responsibility with another catechist
- Assistant – helps the catechist and children in whatever way needed
- Substitute – will teach a class if a catechist is unable to come one night
- Four week substitute – will teach so a catechist can take a certification course
- Receptionist – monitors the door before and during class
- Arrival assistant – monitors the children in the gym before class
- Dismissal assistant – helps facilitate the safe dismissal of students
- Office assistant – helps in the office during class time
- Service / Activities assistant – works with classes on specific projects
- Traffic assistant – helps insure safety in the parking lot before class and / or during dismissal

1. Name: _____

Address: _____

Best daytime phone number: _____ home / work / cell

Email: _____

2. Name: _____

Best daytime phone number: _____ work / cell

Email: _____

Thank you for offering to share your time and talent with the children of our parish! I will be in touch with you!

Mrs. Theresa M. Gilmore

Student #1 Information

First Name: _____ Middle Name: _____

Last Name if different from parents: _____

Date of Birth: _____ Place of Birth: _____

M / F Ethnic Background: _____

School attending in 08-09: _____

School District: _____ Grade: _____

| <u>Baptism</u> | <u>Penance/Eucharist</u> | <u>Confirmation</u> |
|----------------|--------------------------|---------------------|
| Date | | |
| Church | | |
| City/ St. | | |

Previous Cath. Sch / Rel. Ed. Prog. – Parish _____

Address _____ Years attended: _____

Special learning needs, allergies, etc. _____

Note: We must have a copy of each new student's **Baptismal Certificate** in our permanent record file. *Please submit a copy by the first week in October.*

Student #2 Information

First Name: _____ Middle Name: _____

Last Name if different from parents: _____

Date of Birth: _____ Place of Birth: _____

M / F Ethnic Background: _____

School attending in 08-09: _____

School District: _____ Grade: _____

| <u>Baptism</u> | <u>Penance/Eucharist</u> | <u>Confirmation</u> |
|----------------|--------------------------|---------------------|
| Date | | |
| Church | | |
| City/ St. | | |

Previous Cath. Sch / Rel. Ed. Prog. – Parish _____

Address _____ Years attended: _____

Special learning needs, allergies, etc. _____

Note: We must have a copy of each new student's **Baptismal Certificate** in our permanent record file. *Please submit a copy by the first week in October.*

Student #3 Information

First Name: _____ Middle Name: _____
Last Name if different from parents: _____

Date of Birth: _____ Place of Birth: _____
M / F Ethnic Background: _____

School attending in 08-09: _____
School District: _____ Grade: _____

| <u>Baptism</u> | <u>Penance/Eucharist</u> | <u>Confirmation</u> |
|----------------|--------------------------|---------------------|
| Date | | |
| Church | | |
| City/ St. | | |

Previous Cath. Sch / Rel. Ed. Prog. – Parish _____
Address _____ Years attended: _____

Special learning needs, allergies, etc. _____

Note: We must have a copy of each new student's **Baptismal Certificate** in our permanent record file. *Please submit a copy by the first week in October.*

Student #4 Information

First Name: _____ Middle Name: _____
Last Name if different from parents: _____

Date of Birth: _____ Place of Birth: _____
M / F Ethnic Background: _____

School attending in 08-09: _____
School District: _____ Grade: _____

| <u>Baptism</u> | <u>Penance/Eucharist</u> | <u>Confirmation</u> |
|----------------|--------------------------|---------------------|
| Date | | |
| Church | | |
| City/ St. | | |

Previous Cath. Sch / Rel. Ed. Prog. – Parish _____
Address _____ Years attended: _____

Special learning needs, allergies, etc. _____

Note: We must have a copy of each new student's **Baptismal Certificate** in our permanent record file. *Please submit a copy by the first week in October.*