

535 E. Edgewood Ave. Indianapolis, IN 46227 | P: 317-787-8246 F: 317-781-6466 | www.stmarkindy.org

FaithWisdom Service

Children's Catechesis Registration Form 2020-2021

Family Name: _____ Home phone: _____ Email: _____

Are you a Registered Parishioner (please circle): Yes / No If No, Parish where registered: _____

Father's Name: _____ Father's Religion: _____ Day Phone _____
(Circle One) Cell / Work

Mother's Name: _____ Mother's Religion: _____ Day Phone _____
(Circle One) Cell / Work

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Any special circumstances we should be aware of? (e.g. guardianship, divorce, living with relatives, etc.)

*****Emergency Contact Name and Phone Number DURING CLASS TIME:*****

Name: _____ Phone Number: _____

Covenant

As the primary educator of our child(ren), we agree to assist with our child(ren)'s formal Catechesis by:

- ~Participating in the life of the parish, as demonstrated by our weekly Mass attendance
- ~Completing a yearly Stewardship card
- ~Paying the yearly fee for Catechesis

*****In the event of illness or injury, I do hereby consent to St. Mark Staff to administer any necessary medical treatment. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending Religious Education classes. Any violation of these rules and regulations may result in that student being sent home. *****

****I give St. Mark Parish permission to use photographs of my child(ren) for their website or informational purposes. Please contact Angi Swiezy at 787-8246 or aswiezy@stmarkindy.org if you wish to opt out.**

Signature of Parent: _____ Date: _____

Tuition Schedule: Payment is due with Registration Form

Cost for 1 Child= \$60.00 Cost for 2 Children= \$100.00 Cost for 3 or more Children= \$120.00

Additional fees for First Reconciliation/Eucharist to be processed separately

Make checks payable to St. Mark Catholic Church

Mailing Address: 535 East Edgewood Avenue, Indianapolis, IN 46227

Class Schedule

Classes will be administered online until January 2021 due to the current COVID-19 conditions. Specific class access will be sent before instruction begins on Sunday, September 13, 2020. Thank you for your patience and flexibility!

*****Please provide student registration details on the reverse side of the form*****

Child's Name _____ Sex: M / F Date of Birth: ___/___/___
(First, Middle, Last) (Circle One)

School Attending (2020-2021): _____ Grade: _____

Which Sacraments has your child received? ___ Baptism ___ Reconciliation ___ Eucharist

Will your child be preparing for First Reconciliation/Eucharist this year? Yes ___ No ___ Confirmation? Yes ___ No ___

Please indicate any physical, mental, or personality conditions requiring special attention. This will be kept confidential and used only to assist in your child's learning experience. Include any allergies/medications. _____

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