

CHILD # 1 **Grade in REP 21-22** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School 21-22** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

CHILD #2 **Grade in REP 21-22** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School 21-22** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

CHILD #3 **Grade in REP 21-22** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School – 21-22** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION FORM
EVERY FAMILY IS EXPECTED TO SERVE IN SOME WAY.

OUR LADY OF THE WAYSIDE REP VOLUNTEER COMMITMENT FORM 2021-2022
If you are not volunteering, please attach your check in the amount of \$150.00 to this form.

Volunteer Parent's Name _____ E-Mail _____
Last _____ First _____ Home Phone _____
Cell Phone _____
Address _____

_____ **I WOULD LIKE TO TEACH A RELIGIOUS EDUCATION CLASS:**
(Please state your grade preference)

_____ Grades 1-4 Tuesdays 4:00-5:15 (every week)
_____ Grades 5-6 Tuesdays 7:00-8:30 (every other week)
_____ Grades 7-8 Tuesdays 7:00-8:30 (every other week)

_____ **Adult Catechist Assistants for the Year 2021-2022- (Need in first/second grade only)**

_____ **Substitute Catechists – Preference of Grades _____**
(*must select another position also as we may not have need during the year*)

_____ **Record Attendance and Assist in Office Weekly Elementary School (Grades 1-4) 4:00-5:15**
(*or can be co-shared with another parent for every other week*)

Record Attendance and Assist in Office on Alternating Weeks (This is For a Full Year)

_____ **Middle School (Grades 5-6) 7:00-8:30**
_____ **Middle School or Elementary School (Grades 7-8) 7:00-8:30**

Safety Patrol (2-3 times a year) Tuesdays Grades 1-4

_____ **Before Class - 3:45-4:10** _____ **After Class - 5:10-5:30**

Safety Patrol (1-2 times a year) Tuesdays Grades 5-6

_____ **Before Class - 6:45-7:10** _____ **After Class - 8:30-8:50**

Safety Patrol (1-2 times a year) Tuesdays Grades 7-8

_____ **Before Class - 6:45-7:10** _____ **After Class - 8:30-8:50**

Hall Monitors: On duty during the class period for security purposes. Volunteers will be assigned 1-2 class dates a year:

_____ **Grades 1-4 - 4:00-5:15** _____ **Grades 5-6 - 7:00-8:30** _____ **Grades 7-8 - 7:00-8:30**

Sign Up for Open House . Will also be assigned to Safety Patrol unless another job is selected.

_____ **Beginning-of-the-Year Open House (Grades 1-4) Direct Parents and Children to classrooms.**

_____ **Beginning-of-the-Year Open House (Grades 5-6) Direct Parents and Children to classrooms.**

_____ **Beginning-of-the-Year Open House (Grades 7-8) Direct Parents and Children to classrooms.**

_____ **Confirmation Reception Coordinators (REP Seventh Grade Parents): Organize, plan, and facilitate the reception with School Seventh Grade Parents.**

_____ **Chastity Evening Program – Grade 8 Parents – Coordinate Refreshments Fr. Mackin Center (set-up, serve, clean-up) (Required Program for eighth graders and parents once a year, usually in month of November.)**