

Registration Requirements:

1. RE registration Form
2. Payment at time of registration(check or cash)
3. Copy of Baptism Certificate-note: if student is returning, please check with RE office if we have a certificate on file.

2019-2020
STUDENT REGISTRATION
RELIGIOUS EDUCATION PROGRAM
NATIVITY CATHOLIC CHURCH
 6400 Nativity Lane ♦ Burke, Virginia 22015
 Phone 703.455.0372 ♦ Fax 703.455.6832
 nativity.ccd@nativityschool.org ♦ www.nativityburke.org/re/

FOR OFFICE USE ONLY Data Base

No. of Children: _____ Baptism Cert.: YES NO RCIC

Catechist: YES NO Fee Due: _____

Amt Paid: _____ Check #: _____

Check Date: _____ Balance Due: _____

TODAY'S DATE: _____

PLEASE CIRCLE BELOW WHO THE STUDENT(S) LIVES WITH

BOTH PARENTS MOTHER FATHER GUARDIAN

DOES YOUR CHILD HAVE ANY ALLERGIES? OR LEARNING DISABILITIES? YES NO
IF YES- PLEASE USE THE BACK OF THIS FORM TO EXPLAIN.

FAMILY LAST NAME: _____ **PRIMARY PHONE #:** () _____ **EMAIL ADDRESS:** _____

PLEASE PRINT CLEARLY

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

FATHER/GUARDIAN: _____ **MOTHER:** _____ **MOTHER'S MAIDEN NAME:** _____

MOTHER'S CELL #: () _____ **MOTHER'S WORK #:** () _____ **FATHER'S CELL #:** () _____ **FATHER'S WORK #:** () _____

EMERGENCY CONTACT PERSON: _____ **PHONE #:** () _____

NAME OF STUDENT(S) LAST NAME FIRST NAME MIDDLE INITIAL (NICKNAME)				CIRCLE SEX	DATE OF BIRTH			2019-2020 SCHOOL GRADE	SESSION NUMBER (see Table in lower left corner and circle session number below) FIRST CHOICE	ROOM #	SESSION NUMBER (see Table in lower left corner and circle session number below) SECOND CHOICE	ROOM #	SACRAMENTS COMPLETED WRITE: YES or NO			
					MM	DD	YY						BAPTISM	FIRST SACR	CONFIRMATION	CONFIRMED
				M F				1 2 3 4 5 6 7		1 2 3 4 5 6 7						
				M F				1 2 3 4 5 6 7		1 2 3 4 5 6 7						
				M F				1 2 3 4 5 6 7		1 2 3 4 5 6 7						
				M F				1 2 3 4 5 6 7		1 2 3 4 5 6 7						
				M F				1 2 3 4 5 6 7		1 2 3 4 5 6 7						

SESSION CLASS SCHEDULE

SESSION NUMBER	DAY	TIME	GRADE
1	SUNDAY	2:00 – 3:15PM	K – 8
2	SUNDAY	3:45 – 5:00PM	K – 8
3	SUNDAY	7:00 – 8:15PM	K – 8
4	MONDAY	4:30 – 5:45PM	K – 8
5	MONDAY	7:00 – 8:15PM	K – 8
5	MONDAY	7:00 – 8:15PM	4 – 12 Multiple Sacrament Class
6	TUESDAY	4:30 – 5:45PM	K – 8
7	TUESDAY	7:00 – 8:15PM	K – 8
7	TUESDAY	7:00 – 8:15PM	9 – 12 Need ONLY Sacrament of Confirmation

Grade 2: Parish/city & state student attended 1st grade Rel. Ed. class: _____

Grade 8: Parish/city & state student attended 7th grade Rel. Ed. class: _____

If not at Church of the Nativity, previous attendance record and evaluation *must* be provided prior to class placement.

YOU WILL BE NOTIFIED ONLY IF YOUR FIRST CHOICE CANNOT BE HONORED.
 Please notify the Religious Education Office of changes to phone number(s), email and/or home addresses.

Early Bird Discount ON REGISTRATIONS RECEIVED PRIOR to August 1:

1 CHILD = \$110 2 CHILDREN = \$130 3 or MORE CHILDREN = \$150

AFTER August 1:

1 CHILD = \$140 2 CHILDREN = \$160 3 or MORE CHILDREN = \$180

PLEASE MAKE CHECKS PAYABLE TO: NATIVITY RELIGIOUS EDUCATION

Additional 50% discount for classroom volunteers for a full school year of service.

Please write student's first name and describe special needs and accommodations; please include food/ medication allergies and/or physical / intellectual disabilities. Also, include medications taken on a regular basis:

Parent please discuss any needs with the Catechist (teacher) on the first day of class.