



## Church of St. Clare Sunday School Registration Form

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  or   
Last First (Nick Name) male female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number Street City Zip

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Name & Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of person(s) responsible for bringing and picking up child other than parent(s): \_\_\_\_\_

### Please check the appropriate class for your child:

Pre-School Class, ages 3 to 4 (Must be 3 by September 30)  Kindergarten (Must be enrolled in kindergarten)

Pre-Kindergarten Class, ages 4-5 (Not enrolled in kindergarten)  Nursery, 9 months to 3 years

Medical or physical conditions, food allergies, or special needs: \_\_\_\_\_

May we take pictures/video of your child during Sunday School to be used for presents for you, posters for our program and other Sunday School purposes:  Yes or  No  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I AM SPECIAL** Sunday School is based on the belief that all children need to develop positive self-concepts to feel good about themselves in order to love others and learn about God who loves and cares for them. We help children form Christian attitudes of taking turns, sharing, listening, helping, loving, thanking, celebrating and praying. Parents have the most significant role of religious influence to their children and we hope to aid parents in nurturing the faith of their children to develop a friendship with Jesus. Sunday School provides a Catholic religious foundation upon which future faith formation can be built.

The **I AM SPECIAL** program recognizes that children "learn by doing" at their level of understanding and participating:

|                      |                 |                |              |
|----------------------|-----------------|----------------|--------------|
| Sensory Activities   | Stories & Poems | Prayers        | Liturgies    |
| Dramatizations       | Music & Songs   | Finger Plays   | Celebrations |
| Take Home Activities | Action Games    | Art Activities | Videos       |

Saint Clare Sunday School is designed for children, ages 3 through Kindergarten. Classes are held Sunday mornings from September through May during the 10am mass. Classes are limited to 15 children and are staffed by a teacher and at least two to four teenage teacher aides. There is also a nursery for children ages 9 months to 3 years old during the same time also staffed by two adults and three aides. All adult volunteers and teachers are background checked and trained.

Each & every child is unique & truly **SPECIAL** within themselves, their families, their St. Clare and especially God's family.

This is your program as well as your child's. Your help to make this an effective Christian experience for your child and family is appreciated. Please check any areas in which you would be willing to help.  Teaching  Craft Coordinator  Music  Fund Raiser  Hostess  Liturgy Planning  Room Parent  Teacher Aid Coordinator

**REGISTRATION FEE:** \$60 family with 1 child, \$90 family with 2 children, \$120 family with 3 children enrolled, \$30 per child in nursery

Please make check payable to St. Clare Sunday School. Drop off registration at school or business office or mail to: Church of Saint Clare, Attn: Mrs. Mascia, 5659 Mayfield Road, Lyndhurst, Ohio 44124

If you have any questions about this program, please call Mrs. Mascia, Director Religious Education, 440-449-4242 ext. 119.



Note: Financial assistance is available. Call Mrs. Mascia 440-449-4242 ext. 119. All information shared is confidential. We believe no child should be deprived of this experience for financial reasons.



**PART I OR II MUST BE COMPLETED:**

**PART I (TO GRANT CONSENT)**

In the event reasonable attempts to contact me at: ( ) \_\_\_\_\_ or \_\_\_\_\_  
(phone) (other parent)

at ( ) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) The administration  
of any treatment deemed necessary by Dr. \_\_\_\_\_, or Dr. \_\_\_\_\_ or in the  
(dentist) (physician)

event the designated preferred practitioner is not available, by another licensed physician or dentist; and  
(2) The transfer of the child to: \_\_\_\_\_ hospital or any hospital reasonably  
accessible. This authorization does not cover major surgery unless the medical opinions of two other  
licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery  
is performed.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PART II (REFUSAL TO CONSENT)**

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency  
treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**It is also necessary for us to have the doctor's name and phone number. Please include this information  
below:**

Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RE: Privacy Act. It is understood that no student information will be given out without parental consent. However, we wish  
to inform you that your name and home phone number will be given to selected adults who will keep the information  
confidential and will use it only to inform you of emergency situations. If you have any problem with this policy, please call  
Mrs. Mascia at (440) 449-4242 ext. 119.

I have read the above statement regarding the Privacy of Student Information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_