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 St. Clare 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. Their 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** ☐ **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: Ms. Mascia, 5659 Mayfield Road, Lyndhurst, Ohio 44124

If you have any questions about this program, please call Ms. Mascia, Director Faith Formation, 440-449-4242 ext. 119.

Note: Financial assistance is available. Call Ms. 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: _____

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