

# Saint Benedict Formation: Religious Education \* Year \_\_\_\_\_ - \_\_\_\_\_

P O Box 8 \* 9135 Cameron Street, Hwy 90 West \* Duson, LA 70529-0008

Pastor: Reverend J Aaron Melancon \* In Residence: Reverend Paul Onuegbe \* Director Religious Education Mrs Elnora Washington  
Telephone 337-873-6772

Registration Form (Annual Registration-third weekend of March) **PLEASE COMPLETE THE BACK OF THIS FORM**

September - April \* Classes: Third Saturday \* Mass: Sunday following third Saturday \* Level 2-11 Rotates Hosing Mass

Family is member of parish  Yes  No Census Date: \_\_\_\_\_ Family's Last Name: \_\_\_\_\_

Mother's Name (First, MI, Maiden, Last) \_\_\_\_\_ Father's Name \_\_\_\_\_

Immediate Family Children (first, middle, last name)	Age	Birth Date			Gender M or F	Level CCD	Grade School	Name of School Attending in the Fall
		Month	Day	Year				
1.								
2.								
3.								
4.								
5.								
6.								

Home email: \_\_\_\_\_

Address - Mailing: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_, Work Phone # (Mother) \_\_\_\_\_ Work Phone # (Father) \_\_\_\_\_

Cell Phone # (Mother) \_\_\_\_\_ Cell Phone # (Father) \_\_\_\_\_

Emergency #: \_\_\_\_\_ Person: \_\_\_\_\_

Are any of your children on any medication on a daily basis?  Yes  No. If Yes, list the name(s) of each child.  
Comments: \_\_\_\_\_

Are there any illnesses, allergies or disabilities we need to be aware of?  Yes  No. If Yes, list the name(s) of each child.  
Comments: \_\_\_\_\_

**First Year-Please attach a copy of your child's/children's baptism certificate; write the church name and dates of sacraments:**

Children	Date: MDY Baptism	Date: MDY 1st Penance	Date: MDY 1st Communion	Baptized at: Church Name, City, State
1.				
2.				
3.				
4.				
5.				
6.				

Registration Fee: 1-\$20, 2-\$35, 3-\$45, 4-\$55, 5-\$65, 6-\$75, \$10 each additional child. Late fee \$5 after the third weekend of March.

Year	Amount Due	Amount Paid	Cash/Check #	Balance Due	Person receiving payment -- date/rec #

**My Child(ren) listed will participate in the Safe Environment Program that is Required by the Diocese of Lafayette Circle: YES / NO**

**Safe-Environment Program - Parent/Guardian signature**

Parents are encouraged to attend an Annual Diocese Safe Environment Session with their child(ren), here at Saint Benedict.

Parents and guardians are encouraged to complete the Safe Environment training to assist with the students at Religious Education Classes

If possible, please circle and bring any of the following to Saint Benedict Parish Center: pencils, a pack of loose leaf paper, pens, markers, highlighters, construction paper, copy paper, paper clips, and/or wrapped snacks, especially PRIZES for special occasions.

I/We support Saint Benedict Religious Education Policy.  Yes  No

**Parent/Guardian Signature:**

Complete the back.

**Basic Instruction Before Leaving Earth = Bible \* Keep the Faith!!! \* PLEASE complete the back of this Registration form!**



# Diocese of Lafayette

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## PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM

### FOR A MINOR (UNDER 18 YEARS OF AGE)

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, *Acadiana Catholic*, and/or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to the aforementioned minor child and/or use his/her photograph, voice, video images, and other media relating to said minor child in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

SIGNATURE/DATE: \_\_\_\_\_

PRINTED NAME/PHONE: \_\_\_\_\_