



**One form per child required**

Registration Form for Religious Education 2018-2019

Date: \_\_\_/\_\_\_/\_\_\_

Student Information:

Name: \_\_\_\_\_

Student lives with: Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_\_\_

Father Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_

Father's (cell) \_\_\_\_\_ Email: \_\_\_\_\_

*\*Please write clearly\**

Mother's (cell) \_\_\_\_\_ Email: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_ Male or Female \_\_\_\_\_

Has your child been baptized? Yes \_\_\_ No \_\_\_

Church of baptism: \_\_\_\_\_

Has your child made first Communion? Yes \_\_\_ No \_\_\_

Church: \_\_\_\_\_

Copies of Sacraments received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones: Baptism \_\_\_\_\_ First Communion: \_\_\_\_\_

Was student enrolled in a religious Education class/Catholic School **last year**?

Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

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Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, please list:

\_\_\_\_\_

Does your child have any medical conditions? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

In case of emergency: Please provide the name and phone number of contact:

\_\_\_\_\_

What relation is this person to student? \_\_\_\_\_

I give these people permission to pick up my child if need be: Write relation to child as well.

1. \_\_\_\_\_

2. \_\_\_\_\_

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Are you registered at St. Rose of Lima Church? Yes \_\_\_ No \_\_\_

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Media Release:

I hereby grant permission to the Religious Education Office of St. Rose of Lima Church, to allow my child (listed on the front of this form), to be photographed/interviewed, or have images of my child posted on the Parish website. Parent/Guardian signature: \_\_\_\_\_

Fees for 2018-2019

1 child \$135.00

Each additional child \$ 50.00

Sacramental fee for: Reconciliation, First Communion and Confirmation

\$ 25.00 per child

FOR OFFICE USE ONLY

Payment form per family

Child/Children Registered

Name	CCD Grade	Fee
1. _____		\$135.00
2. _____		\$ 50.00
3. _____		\$ 50.00
4. _____		\$ 50.00
Sacramental fee: \$25.00 x _____ = _____		\$ _____
		Total \$ _____
		Paid \$ _____

Credit card \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Receipt #: \_\_\_\_\_

Transaction by: \_\_\_\_\_

\*All fees are due by March 2019\*

Parent signature: \_\_\_\_\_

If you have any hardship, you can pay little by little towards your balance.

Payment plan:

- |          |              |       |
|----------|--------------|-------|
| 1. Paid: | Balance due: | Date: |
| 2. Paid: | Balance due: | Date: |
| 3. Paid: | Balance due: | Date: |
| 4. Paid: | Balance due: | Date: |
| 5. Paid: | Balance due: | Date: |

