

Religious Education Family Registration 2021-2022

Parent/Guardian Information: Please complete one form per student.

Father's last Name _____ **First name** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home number () _____ **Cell number** () _____
Is this a new address or phone number? Yes No / **Religion:** _____ **Ethnicity** _____
What language(s) is spoken most often at home with your child? _____
Were you married by a Catholic priest? Yes No **Marital Status** Married Widower Separated
 Divorced Remarried Single Parent **Deceased (mm/dd/yy)** _____
Email address _____ **Are you a registered parishioner?** Yes No **If not where?** **Church name** _____ **Address** _____ **City/State** _____ **Zip** _____

Mother's last name _____ **Maiden name** _____ **First name** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home number () _____ **Cell number** () _____
Is this a new address or phone number? Yes No / **Religion:** _____ **Ethnicity** _____
What language(s) is spoken most often at home with your child? _____
Were you married by a Catholic priest? Yes No **Marital Status** Married Widower Separated
 Divorced Remarried Single Parent **Deceased (mm/dd/yy)** _____
Email address _____ **Are you a registered parishioner?** Yes No **If not where?** **Church name** _____ **Address** _____ **City/State** _____ **Zip** _____

List only the children you are registering for religious education class.

Male/Female Full name _____ D.O.B _____ Grade ____
Male/Female Full name _____ D.O.B _____ Grade ____
Male/Female Full name _____ D.O.B _____ Grade ____

Please select afternoon or evening session.

- Afternoon 3:45 pm – 5:15 pm** (Pre- School, Kindergarten, 1st, 4th, and 5th grade)
- Evening 6:00 pm – 7:30 pm** (Pre-K thru 8th grade including an RCIC Program)

Do you wish to volunteer as: Catechist Aide Substitute Crossing Guard
 Reconciliation Workshop Communion Workshop Breaking of the Bread Prayer Service
 Confirmation Retreat Easter Egg Hunt

Are you Virtus trained? Yes / No. All Adult volunteers must be Virtus trained, a session is scheduled for Wednesday, October 6, 2021, Joseph Tschida Hall @ 6:00pm - 8:30 pm. Are you planning to attend? Yes / No

FOR OFFICE USE ONLY: Do you need Financial Assistance? Yes No **Are you a Catechist ~** Yes No
Date registered: _____ **Tuition due:** \$ _____ **Tuition paid in full** _____
Tuition payment: \$ _____ **receipt #** _____ **Check number** _____, **Balance due** \$ _____
Tuition payment: \$ _____ **receipt #** _____ **Check number** _____, **Balance due** \$ _____
Cash paid \$ _____ **receipt #** _____ **Paid in full** \$ _____ **Initials** _____, _____
Student Jesus bag \$1.50 each: \$1.50 pd. ____, \$3.00 pd. ____, \$4.50 pd. ____

Today's date _____

Please complete one form per student.

New student to the program: please check here

Student Information

Student's last name _____ First name _____ Middle name _____ Age _____
Address _____ City _____ State/Zip _____
Date of Birth: _____ Place of Birth (City/State) _____ Ethnicity _____
Public School attending _____ City _____ State _____ Zip _____ Grade _____
Child lives with: Both Parents Mother Father Other: _____ Relationship _____
Attended Religious Education elsewhere? No Yes Where, City & State? _____

Emergency Contacts

Please list two (2) additional contacts, in order of desired to be called if parent/guardian cannot be reached:

1. Name: _____ Contact number _____ Relationship: _____
2. Name: _____ Contact number _____ Relationship: _____

Sacraments information

Has this child been baptized Catholic? Yes No What denomination? Catholic, Baptist, Lutheran or other _____
Church of Baptism _____ City _____ State/Zip _____ M/D/Y _____
Church of Reconciliation _____ City _____ State/Zip _____ M/D/Y _____
Church of Communion _____ City _____ State/Zip _____ M/D/Y _____
Church of Confirmation _____ City _____ State/Zip _____ M/D/Y _____

Medical History

Does your child have any allergies? Yes / No Please explain _____

Does your child have ADD/ADHD/AUTISM/DOWNS or any learning disabilities? Yes / No

Please Explain: _____

Is your child presently under doctor's care? Yes / No Reason _____

Is your child presently on medication? Yes / No Name of Prescription(s): _____

Reason: _____

Does your child have seizures? Yes / No Explain _____

Does your child need preferential seating due to vision or hearing difficulties? Yes / No Explain: _____

Has your child had any hospitalizations, surgeries, or major illnesses? _____

Has your child had any significant injury or accident? _____

Does your child have headaches frequently? Yes / No Explain _____

Does your child have bladder problems? Yes /No Explain _____

Any other matter you would like brought to the attention of the Director and/or your child's Catechist? Yes / No

If so, please schedule an appointment with the director about this matter!

Due to the HIPAA Law, I understand the Religious Education Staff and volunteers will see this form.

Parent's signature _____ Date _____