

**Religious Education Family Registration 2022-2023**

**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 (date) \_\_\_\_\_  
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 (date) \_\_\_\_\_  
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 _____

Pre-Kindergarten through 8<sup>th</sup> Grade and  
Rite to Christian Initiation for Children (RCIC)  
Classes are held at St. Mary School on Monday 6:00pm to 7:30pm.

**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 5, 2022, 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 \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Male/Female \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student age \_\_\_\_\_ Grade \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Public school attending \_\_\_\_\_ Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Other \_\_\_\_\_ previous religious instruction: Parish/ School Parish \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

### 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 (Baptismal Certificate on file must be typed and have parish seal)

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 \_\_\_\_\_