

**Religious Education Family Registration 2017-2018**

**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 \_\_\_\_\_

Session Requested for Grade Level: All sessions are held on Monday

Pre-Kindergarten  3:45pm - 5:15pm  
Kindergarten to 7<sup>th</sup>  3:45pm - 5:15pm  Kindergarten through 8<sup>th</sup> 6:00pm - 7:30pm

**I 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. **Adult volunteers must be Virtus trained, a session is scheduled for Wednesday, October 4, 2017, Small Hildebrant Hall @ 6:00pm - 8:30 pm. Will you be attending?**  Yes /  No

**FOR OFFICE USE ONLY:** Do you need Financial Assistance?  Yes  No Are you a Catechist ~  Yes  No  
Date registered: \_\_\_\_\_ Tuition due: \$ \_\_\_\_\_

Tuition payment: \$ \_\_\_\_\_ receipt # \_\_\_\_\_ Check number \_\_\_\_\_, Balance due \$ \_\_\_\_\_  
Tuition payment: \$ \_\_\_\_\_ receipt # \_\_\_\_\_ Check number \_\_\_\_\_, Balance due \$ \_\_\_\_\_  
Tuition payment: \$ \_\_\_\_\_ receipt # \_\_\_\_\_ Check number \_\_\_\_\_, Balance due \$ \_\_\_\_\_  
Cash paid \$ \_\_\_\_\_ receipt # \_\_\_\_\_ Paid in full \$ \_\_\_\_\_ Initials \_\_\_\_\_, \_\_\_\_\_

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 \_\_\_\_\_