



Parish Religious Education Registration (Kindergarten-8th grades)

2011-2012 [select one] __ Monday 6-7:30pm __ Wednesday 7-8:30pm (RCIA)

For Office Use

Family Last Name: _____ Cash: _____ Check # _____
 Fee Paid: _____ Yes: _____ No: _____
 Sacrament Year: _____ Yes: _____ No: _____
 Baptismal Cert. received: _____ Yes: _____ No: _____
 (attach a copy if student is celebrating Sacraments this year)

Please complete both sides of form. Print clearly. For students who will be celebrating Sacraments this year, please attach a copy of their baptismal certificate. It is very important that you indicate if your child has been baptized and/or received 1st Penance and 1st Communion. This information is used to determine who will be preparing to receive those Sacraments.

| <i>Child's Full Name</i> | <i>Grade & School Attending in fall</i> | <i>Has this child received instruction last year in an organized RE program? Yes/No</i> | <i>Baptized- Yes / No</i> | <i>Has this child received both the Sacraments of 1st Penance & 1st Communion? Yes or No</i> |
|--------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|
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Is your family a registered parishioner of St. Cecilia? Yes ___ No. If no, what parish are you registered at: _____

Family Last Name: _____ Home #: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Cell #: _____ Religion: _____

Father's Name: _____ Cell #: _____ Religion: _____

Name of person responsible for Religious Education of child(ren): _____

Relationship to child(ren): _____ Contact #: _____ Email: _____

Address: _____ City: _____ Zip: _____

Please turn and complete other side of form →

Custody: Are there any custody/legal issues we need to know about? Yes No (If yes, please explain):

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Contact #: _____

Medical/Learning Information:

Please share with us any information that may be helpful in interacting or educating your child(ren). All information will be kept confidential.

| Child's Name | Medical Condition/Allergies? | Any Special Needs? |
|--------------|------------------------------|--------------------|
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Is there other information about your child that should be communicated?

What is the best way for us to communicate with you? (please chose an option below)

_____ Email? Email Address to use: _____

_____ Phone? Best number to call: _____

_____ Mail? Address, if other than home: _____

Permission:

I give permission that, in my absence, my child(ren) whose names appear on page this form may receive medical care for injuries that should occur while participating in religious education and activities at St. Cecilia Parish. Furthermore, I give permission for my child(ren)'s picture to be taken as part of religious education and for such pictures to be used in any promotional materials, in the parish bulletin, on the parish website, or in newspaper articles in relation to events that happen in the parish.

Signature: _____ **Date:** _____ **Relationship to child(ren):** _____

REGISTRATION FEE: \$35/child. Students making Sac. of 1st Penance & 1st Communion add an additional \$30/child to total cost.

Please turn and complete other side of form →