

RELIGIOUS EDUCATION
REGISTRATION FORM

2023
2024

CHILD'S Name: _____ Date of Birth: ____-____-____

Baptismal Date: _____ Church of Baptism: _____

(If your child was NOT baptized at St. Mary Our Mother Church and you have not previously provided this office with a copy of the baptismal certificate, please provide a copy of their baptismal certificate as soon as possible)

Father's full name: _____ Religion: _____

Mother's First, Maiden, Last name: _____ Religion: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Do you check this often: _____

(This information is confidential and is not shared, I communicate through e-mail as much as possible, and this information will be used for that purpose only)

Phone number where you are most likely to be reached: _____

Place of Employment: _____ Phone: _____

Do you prefer to be contacted by: e-mail telephone

Please indicate what grade your child is assigned to in September: _____

What school will your child attend? _____

Please circle all sacraments your child has celebrated:

Baptism Penance CommunionConfirmation

Please circle any sacrament for which you want to receive more information:

Baptism Penance Communion Confirmation

*Note: Anyone wishing to celebrate a sacrament must be attending religion classes and must call the Religious Education Dept. to schedule a readiness interview at least one month before preparation classes begin. Call 739-8214

Are you currently registered members of St. Mary Our Mother? Yes No

(Current registration is required to participate in our programs unless other arrangements have been made between the Religious Education Dept. and your home parish.)

PLEASE CIRCLE YOUR PREFERRED PROGRAM OPTION:

- 1) Tuesday Afternoon, 3:45 - 5:00 p.m. (PK - 7th)
- 2) Home Study/Jr. High Home study (K - 7th)

REGISTRATION FEE: Tuesday program (PK - 7th) OR Home Study (K - 7th):
\$50/1 student ~ \$75/2 students ~ \$100 family (3 or more students)

IMPORTANT: Please complete the back side of this form

Ck # _____/Cash

HEALTH AND SAFETY INFORMATION

(If you are Home Study, you do not need to complete this part of the form)

Child's Name _____

Emergency contact: _____ **Phone:** _____

(This person should be someone who will be available to assume care of your child should an emergency arise while they are attending religion classes)

Health Insurance Company: _____

Preferred Pediatrician: _____ **Phone:** _____

Hospital choice: (please circle one) Arnot St. Joseph Robert Packer Other: _____

Please list any allergies or special needs:

(We are sensitive and careful to keep private information private. We assure all information you provide will be kept confidential and will only be shared with the people who are directly in charge of your child while attending our program)

In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of a medication emergency, I understand that every effort will be made to contact the parents or guardian. If I cannot be reached, I hereby give my permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian: _____ **Date** _____

Please list other persons authorized to pick your child up from your scheduled religion class.

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

If there is any other information we need to know about your child, please use the space below:

Parental Consent for Photos: Please check one of the choices below.

I **give** permission for my child(ren)'s photo to be used in various media, such as the church bulletin, church bulletin boards, the parish website, and the newspaper.

I **do not** give permission for my child(ren)'s photo to be used in various media such as the bulletin, church bulletin boards, the parish website, and the newspaper.

Religious Education Discernment Decision

Please read, understand, and agree to the following:

After prayerful discernment, we have come to the decision that our child/children will participate in St. Mary Our Mother Religious Education program to fulfill his/her religion requirement for the current school year.

I/We, the parent/guardian of _____, have chosen to enroll our son/daughter in the religious education program at St. Mary Our Mother. In making this decision, I/We acknowledge my/our own responsibilities as follows:

- to support and encourage our child in this program
- to make religion class our first priority on all scheduled days
- to participate at weekly Mass
- to pray with and for our children in our family setting
- to participate in the life of the parish community with our time, talent, and treasure.

It is my/our intention to fulfill these obligations and to support my/our child's continuing faith formation. We understand this signed commitment will be attached to the registration form and kept on file throughout the year.

Parent/Guardian Signature

Date

REVISED: 6/8/23