

Religious Education Family Registration 2020-2021

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 8th Grade and Rite to Christian Initiation for Children (RCIC) program are homeschooled until further notice.

When the CDC opens 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 Thursday, October 8, 2020, 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 _____