



Santa Catalina Catholic Parish Religious Education

Registration Form

Please Print Clearly

OFFICE USE ONLY

Amount Paid _____

Check Number _____

Date of Registration _____

1st CHILD'S LAST NAME _____ FIRST NAME _____

GRADE _____ SCHOOL _____ GENDER _____ BIRTHDATE _____

CHECK THE APPROPRIATE BOXE(S) **ONLY** IF YOUR CHILD HAS **RECEIVED** THE SACRAMENT(S)

BAPTISM FIRST COMMUNION FIRST RECONCILIATION CONFIRMATION CHECK FOR **LIFE TEEN**

Last year child attended religious education class was _____, where _____

2nd CHILD'S LAST NAME _____ FIRST NAME _____

GRADE _____ SCHOOL _____ GENDER _____ BIRTHDATE _____

CHECK THE APPROPRIATE BOXE(S) **ONLY** IF YOUR CHILD HAS **RECEIVED** THE SACRAMENT(S)

BAPTISM FIRST COMMUNION FIRST RECONCILIATION CONFIRMATION CHECK FOR **LIFE TEEN**

Last year child attended religious education class was _____, where _____

Family's Last Name (If different than your child's) _____

Father's Name _____

Mother's Name _____

Address _____ City _____ ZipCode _____

Home Phone Number _____

Father's Work Phone _____ Cell Phone _____

Mother's Work Phone _____ Cell Phone _____

Father's E-mail Address _____

Mother's E-mail Address _____

Annual \$30.00 Fee per Child, \$55 for 2 Children, \$75 for 3 or more Children

Fee Does Not Include: First Communion Classes, First Reconciliation Classes, Confirmation, Retreats or Extra Activities

No Child is ever turned away for lack of funds.

Areas of interest for Parents:

Please mark the areas you would be interested in—

Family Faith and Spiritually Seminars

Family Development Seminars

Bible Studies

Prayer groups

Please use blank space on back page for any ideas you have and would like to see here at the Parish. Thank You.

CONFIDENTIAL: Child (1) Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, or emotional concerns _____

Describe any allergy (including food allergies), chronic illness or other conditions: _____

Does this child take any medications? NO _____ Yes _____ List: _____

CONFIDENTIAL: Child (2) Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, or emotional concerns _____

Describe any allergy (including food allergies), chronic illness or other conditions: _____

Does this child take any medications? NO _____ Yes _____ List: _____

MODEL RELEASE STATEMENT

I hereby **grant** permission for my child to be photographed and/or videotaped during Special Events and Activities. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published for Youth programs at Santa Catalina Catholic Church and on our web site.

Name (PLEASE PRINT) _____

(Signature) _____ Date _____

I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Special Events and Activities. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Director of Religious Education or the Youth Ministry Director that he/she may not be photographed and/or videotaped under any circumstances.

Name (PLEASE PRINT) _____

(Signature) _____ Date _____

Notes: