



One form per child required

Registration Form for Religious Education 2018-2019

Date: ____/____/____

Student Information:

Name: _____

Student lives with: Both parents ____ Father ____ Mother ____ Guardian _____

Father Name: _____

Mothers Name: _____

Address: _____ Apt. # _____

City/State: _____ Zip Code: _____

Phone: (home) _____

Father's (cell) _____ Email: _____

Please write clearly

Mother's (cell) _____ Email: _____

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Date of Birth: _____ City/State of Birth: _____

School: _____ Grade: ____ Male or Female _____

Has your child been baptized? Yes ___ No ___

Church of baptism: _____

Has your child made first Communion? Yes ___ No ___

Church: _____

Copies of Sacraments received: Yes _____ No _____

If yes, which ones: Baptism _____ First Communion: _____

Was student enrolled in a religious Education class/Catholic School **last year**?

Yes ___ No ___ If yes, where? _____

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Does your child have any allergies? Yes ___ No ___

If yes, please list:

Does your child have any medical conditions? Yes ___ No ___

Please explain: _____

In case of emergency: Please provide the name and phone number of contact:

What relation is this person to student? _____

I give these people permission to pick up my child if need be: Write relation to child as well.

1. _____

2. _____

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Are you registered at St. Rose of Lima Church? Yes ___ No ___

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Media Release:

I hereby grant permission to the Religious Education Office of St. Rose of Lima Church, to allow my child (listed on the front of this form), to be photographed/interviewed, or have images of my child posted on the Parish website. Parent/Guardian signature: _____

Fees for 2018-2019

1 child \$135.00

Each additional child \$ 50.00

Sacramental fee for: Reconciliation, First Communion and Confirmation

\$ 25.00 per child

FOR OFFICE USE ONLY

Payment form per family

Child/Children Registered

Name	CCD Grade	Fee
1. _____		\$135.00
2. _____		\$ 50.00
3. _____		\$ 50.00
4. _____		\$ 50.00
Sacramental fee: \$25.00 x _____ = _____		\$ _____
		Total \$ _____
		Paid \$ _____

Credit card _____ Cash _____ Check _____

Receipt #: _____

Transaction by: _____

All fees are due by March 2019

Parent signature: _____

If you have any hardship, you can pay little by little towards your balance.

Payment plan:

1. Paid:	Balance due:	Date:
2. Paid:	Balance due:	Date:
3. Paid:	Balance due:	Date:
4. Paid:	Balance due:	Date:
5. Paid:	Balance due:	Date:

