



FALL RELIGIOUS EDUCATION REGISTRATION FORM 2017-2018

FAMILY LAST NAME _____ **HOME PHONE** _____

ADDRESS

 Street _____ City/State _____ Zip Code _____

Are you registered members of Mother Seton Parish? YES NO If NO, would you like to register? YES NO

FATHER'S FULL NAME _____ **Religion** _____

Work phone _____ Cell phone _____ **Email** _____

If you are Catholic, please check the Catholic sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Marriage _____

MOTHER'S FULL NAME _____ **RELIGION** _____

Work phone _____ Cell phone _____ **Email** _____

If you are Catholic, please check the Catholic sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Marriage _____

STUDENT FULL NAME	D.O.B.	SCHOOL GRADE Fall 2017	MALE	FEMALE	Was student in religion class last year?	Is the Child Baptized?	Has your child received First Communion?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please circle the Sacrament you are requesting for your child this year: (circle one) **Baptism** **First Communion** **Confirmation**

Is your child currently attending a Catholic School? _____ Which one? _____

Please indicate which day you would prefer for your child to attend classes: _____Mondays 4:45pm OR _____Mondays 6:30pm
 _____Saturdays 5:15 (Spanish) _____ Wednesdays 4:45pm OR _____Wednesdays 6:30pm

Child(ren) lives with: _____ Parents _____ Mother Only _____ Father Only

Other (Please explain)

Does your child(ren) have any medical or learning disabilities or food allergies?

____ Yes ____ No If yes please explain: _____

Please check here if you are interested in helping out in our School of Religion Program:

Name _____ I could help as:

Catechist _____ Aide _____ Substitute _____ Office _____ Hall

Monitor _____

STUDENT PICK UP AUTHORIZATION

Please note: Students in Kindergarten-Third Grade will not be dismissed without a parent.

In the event that I am unable to pick up my child(ren) from Religious Education classes, the following people have my permission to do so:

1) Name _____ Phone Number _____

2) Name _____ Phone Number _____

MEDICAL RELEASE AUTHORIZATION

In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest medical facility to administer immediate medical attention to my child(ren) if necessary and only if unable to contact me.

Parent/Legal Guardian Signature

Date

REGISTRATION FEES

(Please make checks payable to Mother Seton Parish-SOR)

Registrations received after August 11th will be charged a \$25.00 late fee

One student: \$150.00

Two or more students: \$220.00

First Communion Fee: \$60.00

1st year Confirmation Fee: \$50.00

2nd Year Confirmation Fee: \$185.00

OFFICE USE ONLY

Fee Paid _____ Cash _____ Check # _____

Received by: _____

Date Received: _____

Baptismal Certificate(s): _____ Yes _____ No

Permission is hereby granted to Mother Seton to use the photographs of and/or quotations from my son/daughter to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and print media.

I am the legal parent or guardian of the child(ren) and I certify that the information contained on this form is correct:

Name (please print)

Signature

Date