Mother Seton Parish 19951 Father Hurley Blvd • Germantown, Maryland 20874 • 301-444-3496

FALL RELIGIOUS EDUCATION REGISTRATION FORM

2018-2019



FAMILY LAST NAME:		HOME PHONE:							
Street		Cit	ty/Sta	ite		Ziţ	Code		
Are you a registered member Parish Registration form.	er of Mother Seton Parish?	YES NO	If <u>NOT,</u> an	ıd wo	uld lik	e to register, pleas	e complete th	e attached	
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									
			0011001			Mosestalis		Herman I	
STUDENT FULL NAME		Date of Birth	SCHOOL GRADE Fall 2018	Ger M	nder F	Was student in religion class last year?	Is the Child Baptized?	Has your child received First Communion?	
						□No □Yes	□No □Yes	□No □Yes	
						□No □Yes	□No □Yes	□No □Yes	
						□No □Yes	□No □Yes	□No □Yes	
						□No □Yes	□No □Yes	□No □Yes	
Please circle the Sacrament you are requesting for your child this year: Baptism First Communion Confirmation									
Is your child currently attend	ding a Catholic School?	Which one	?						
Please indicate which day you would prefer for your child to attend classes:	 □ Kinder to 6th grade Me □ 7th to 8th grade only Me □ RCIC Year 1 and RCIC □ Kinder to 2nd grade and 	ondays 6:30 pm a C Year 2 <u>only</u> Wed	and one Su d nesdays 6	nday 5:30 p	per m m	nonth (Mandatory)).		

Child(ren) lives with:Parents Mother Only Father Only	Please check here if you are interested in helping out in our School of Religion Program:			
Other (Please explain)	Name:			
Does your child(ren) have any medical concerns or food allergies?	I could help as:			
□No □Yes If yes, please explain:	— Catechist: □ Aide: □			
Does your child(ren) have any special learning disabilities? \square No \square Yes If yes, please	Substitute □ Hall Monitor □			
explain: Do you want Adaptive Program? ☐No ☐Ye				
STUDENT PICK UP AUTHORIZATION				
Please note: Students in Kindergarten-Third Grade will not be dismissed without a part In the event that I am unable to pick up my child(ren) from Religious Education classes, the fo				
1) Name: Phone Number:				
2) Name: Phone Num	nber:			
MEDICAL RELEASE AUTHORIZATION In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest attention to my child(ren) if necessary and only if unable to contact me. Parent/Legal Guardian Signature	medical facility to administer immediate medical Date			
Registrations received after August 11 th will be charged a \$25.00 late fee One student: \$150.00 First Communion Fee: \$60.00 Two or more students: \$220.00 and 1 st year Confirmation Fee: \$120.00 2 nd Year Confirmation Fee: \$185.00	a.			
Name (please print) Signature	Date			



19951 Father Hurley Blvd. Germantown, Md. 20874 www.mothersetonparish.org - 301-924-3838

Registration and Census Please Print

New Registration Update/Correction Date:						
Family Last Name:Address:		Telephor	ne:			
City:	le:					
Head of Household:						
Title (Mr., Mrs., Miss, Ms., or Dr.	Initial	Initial Last Name				
Marital Status (please circle one): Married Single Divorced				Widowed		
Type of Household: Adults/Children Adults/No	Children One Add	ult Single Parent	Other			
Date of Birth:		Occupation:				
Gender (circle one): Male Female	Race or Origin	n* (Optional):				
Work Phone:	Emai	il:				
Religion (circle one): Catholic - Yes/No Other		Baptized? Y	es/No Conf	irmed? Yes/No		
Married by a Priest? (please circle one): Yes	No Date:	Pla	ace:			
Spouse:						
Title (Mr., Mrs., Miss, Ms., or Dr.) First Na	Initial	Last Name		Jr./Sr./etc.		
Date of Birth: Occupation:						
Gender (circle one): Male Female	Race or Origin	n* (Optional):				
Work Phone:	Emai	il:				
Religion (circle one): Catholic - Yes/No Other		Baptized? Y	es/No Conf	irmed? Yes/No		
Married by a Priest? (please circle one): Yes	No Date:	Pla	ace:			
<u>Child</u>	ren/Others in	n the House	<u>hold</u>			
Name:	Gender: M/F	Birth Date:	Baptized?	Confirmed?	Relationship:	
		1				
		1				
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		1		+		
Office Use Only: PS Envelope	#	Envelopes Mε	niled	Letter	Revised: 5/24/2018	