

# St. Mary & Nativity BVM Religious Education Registration Form

2017/2018

Registration & Fees are due by: **9/13/2017** \* After deadline, late fee of \$20

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

Sacraments Received:

(Circle One)	Date	Church	City/State of Church
Baptism: Y/N	_____	_____	_____
1 <sup>st</sup> Reconciliation Y/N	_____	_____	_____
1 <sup>st</sup> Communion Y/N	_____	_____	_____
Confirmation Y/N	_____	_____	_____

Please list student's allergies and/or food restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Legal Guardian(s) Name(s): \_\_\_\_\_

Parents/Legal Guardian(s) Phone number(s): \_\_\_\_\_

Parents/Legal Guardian(s) e-mail(s): \_\_\_\_\_

Parent's Are (Circle One): Married Divorced Separated Divorced Remarried

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Our Family is registered at: \_\_\_\_\_ Church

In case of bad weather and we need to cancel classes please list the cell phone number and/or e-mail address to send this notice(s) to: \_\_\_\_\_

\_\_\_\_\_

Are we allowed to take your child's photo to use for Religious Education Purposes on social media or in our weekly bulletin? Y/N

Would you be willing to help make/bring food or drinks, help set up or clean up for any class events? Y/N

Would you be interested in being a Catechist? Y/N

Would your child be interested in being an Altar Server: Y/N If so, for which parish? \_\_\_\_\_

Sibling Names and Grades:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Physician of Choice** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Hospital of Choice** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

If you and the physician above cannot be reached in the event of an emergency situation, do you authorize the school to allow your child to be treated by an available hospital and/or physician? \_\_\_\_ Yes \_\_\_\_ No

Any other health concerns, custody arrangements, or unique situations we should know about your student to help us make this experience valuable?

Please list anyone who is NOT allowed to pick up your child:

**Tuition Fees:**

\*Cash or Check only

\*Please make checks payable to St. Mary Church

**Parish Members of St. Mary or Nativity BVM-**

1 Child-\$85.00

2 Children-\$170.00

3 Children or more-\$250.00 (Family Cap Fee)

**Non-Parish Members of St. Mary or Nativity BVM-**

1 Child-\$170.00

2 Children-\$340.00

3 Children-\$500.00 (Family Cap Fee)

(For Office Use Only)

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Date: \_\_\_\_\_

All Documentation at St. Mary Parish or Nativity BVM (Circle One)

Documentation Still Needed:

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