



**ST. FAUSTINA CATHOLIC PARISH
RELIGIOUS EDUCATION PROGRAM
2017 - 2018 REGISTRATION FORM**

Tuition and Book Fees due at registration:

One child: \$60.00

Two or more children: \$10.00 additional for each

BASIC INFORMATION

Family Last Name: _____ Primary Phone: _____

Father's Name: _____ Father's Phone: _____

Father's Email:

Mother's Name: _____ Maiden name _____

Mother's Email:

Mother's Phone: _____

Street Address:

City: _____ Zip Code: _____

EMERGENCY CONTACT / PERSON(S) AUTHORIZED TO PICK UP MY CHILD AT RELIGIOUS EDUCATION IN THE EVENT THAT I CANNOT GET THERE AT DISMISSAL TIME:

Emergency Contact Name:

Relation to
Child _____

Emergency Contact Phone: _____

Emergency Contact Name: _____ -

Relation to
Child _____

Emergency Contact Phone: _____

ALL PARENTS OR AUTHORIZED PERSON(S) MUST SIGN IN AND SIGN OUT IN THE GRADE APPROPRIATE LOG BOOK AT EACH CLASSROOM.

If your child is eligible to receive Sacraments this year, you must complete a **"REGISTRATION FOR SACRAMENTAL PREPARATION"** in addition to this Registration Form. Sacramental Preparation is separate from Religious Education.

Please have a copy of all Sacramental Certificates with The Church Seal

CHILD 1 INFORMATION

Child's Name: _____

Date of birth: _____

School Grade in 2017-2018: _____ Religious Education Day: Tuesday Wednesday Sunday

FF Grade _____

CHILD 1 SACRAMENT INFORMATION

Baptism Date: _____

Church: _____

Reconciliation Date: _____

Church: _____

1st Eucharist Date: _____

Church: _____

CHILD 1 MEDICAL INFORMATION

Insurance Carrier: _____ Policy/Group Number: _____

Student's Physician: _____ Physician's Phone: _____

Allergies:

Other medical concerns:

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CHILD 2 INFORMATION

Child's Name: _____

Date of birth: _____

School Grade in 2017-2018: _____ Religious Education Day: Tuesday Wednesday Sunday

FF Grade _____

CHILD 2 SACRAMENT INFORMATION

Baptism Date: _____

Church: _____

Reconciliation Date: _____

Church: _____

1st Eucharist Date: _____

Church: _____

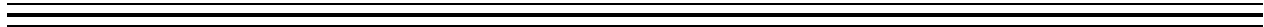
CHILD 2 MEDICAL INFORMATION

Insurance Carrier: _____ Policy/Group Number:

Student's Physician: _____ Physician's Phone: _____

Allergies:

Other medical concerns:



CHILD 3 INFORMATION

Child's Name: _____

Date of birth: _____

School Grade in 2017-2018: _____ Religious Education Day: Tuesday Wednesday Sunday

FF Grade _____

CHILD 3 SACRAMENT INFORMATION

Baptism Date: _____ Church: _____

Reconciliation Date: _____ Church: _____

1st Eucharist Date: _____ Church: _____

CHILD 3 MEDICAL INFORMATION

Insurance Carrier: _____ Policy/Group Number: _____

Student's Physician: _____ Physician's Phone: _____

Allergies:

Other medical concerns:

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