

**ST. MONICA'S CATHOLIC CHURCH**  
**Religious Education Center Registration Form**

Acct # \_\_\_\_\_

Family's Last Name: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail address(es): \_\_\_\_\_

Is the family registered with St. Monica's Parish?: Yes / No

**Information of child(ren). Please list the OLDEST child first (can place up to 3 names on this form):**

**Child #1** - Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male / Female  
Date of Birth (M/D/Y): \_\_\_\_\_ City/State of Child's Birth: \_\_\_\_\_  
Has Child been Baptized?: Yes / No (Office Use: NEEDS Baptism; copy of BC provided)  
If Yes, Name of Church: \_\_\_\_\_  
City/State of Church of Baptism: \_\_\_\_\_  
Sacraments child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No  
Are there any special needs your child has that we should be aware of to promote the best learning experience possible?  
Please explain: \_\_\_\_\_  
Did this child attend religious education classes last year? Yes / No If yes, where?: \_\_\_\_\_

**Child #2** - Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male / Female  
Date of Birth (M/D/Y): \_\_\_\_\_ City/State of Child's Birth: \_\_\_\_\_  
Has Child been Baptized?: Yes / No (Office Use: NEEDS Baptism; copy of BC provided)  
If Yes, Name of Church: \_\_\_\_\_  
City/State of Church of Baptism: \_\_\_\_\_  
Sacraments child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No  
Are there any special needs your child has that we should be aware of to promote the best learning experience possible?  
Please explain: \_\_\_\_\_  
Did this child attend religious education classes last year? Yes / No If yes, where?: \_\_\_\_\_

**Child #3** - Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male / Female  
Date of Birth (M/D/Y): \_\_\_\_\_ City/State of Child's Birth: \_\_\_\_\_  
Has Child been Baptized?: Yes / No (Office Use: NEEDS Baptism; copy of BC provided)  
If Yes, Name of Church: \_\_\_\_\_  
City/State of Church of Baptism: \_\_\_\_\_  
Sacraments child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No  
Are there any special needs your child has that we should be aware of to promote the best learning experience possible?  
Please explain: \_\_\_\_\_  
Did this child attend religious education classes last year? Yes / No If yes, where?: \_\_\_\_\_

**PARENT INFORMATION:** (Biological parents, as written on the Baptism Certificate. Please list last name if different from the child.)

Father: \_\_\_\_\_ Religion: \_\_\_\_\_  
Mother: \_\_\_\_\_ Religion: \_\_\_\_\_  
Step-parent/Legal Guardian: \_\_\_\_\_ Religion: \_\_\_\_\_

**PLEASE MAKE SURE TO COMPLETE AND SIGN THE BACK OF THIS FORM.**

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Acct # \_\_\_\_\_

**CONTACT INFORMATION:**

(This should be information on the primary person(s) taking responsibility for the child(ren)'s religious education and/or person(s) to call in case of an EMERGENCY)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Number: \_\_\_\_\_ Is this a mobile phone? Y/N Are text messages okay? Y/N  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Number: \_\_\_\_\_ Is this a mobile phone? Y/N Are text messages okay? Y/N  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Number: \_\_\_\_\_ Is this a mobile phone? Y/N Are text messages okay? Y/N

**EMERGENCY INFORMATION:**

I request that St. Monica's Catholic Church, Religious Education Center enroll my child(ren) named above. I authorize a representative of St. Monica's Religious Education Center to refer and/or transport my child(ren) to the doctor in the event of an emergency or sudden illness, providing the primary and alternative person(s) designated by me cannot be reached (See authority list below). I release the Religious Education Center and all personnel involved from liability for injuries sustained by my child(ren) while being transported for the above reason.

\_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date

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2016/2017 Reg Date: \_\_\_\_\_ # Child(ren) registered: \_\_\_\_\_

Reg Fee: \$ 60 (1 child) \$70 (2 childred) \$80 (3 or more children)  
 Discount: \$10 if paid in full before July 31  
 \$ 40 Staff Discount (for all RE volunteers)

Total Fee Due: \_\_\_\_\_.

Payments: Date: \_\_\_\_\_ \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Registration Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_