

Saint Monica Catholic Church

501 North Street, Converse, Texas 78109
210.658.3816 re@saintmonicaconverse.net

Religious Education Registration 2023 - 2024

Receiving Sacrament: Yes/No		LATE FEE: \$20. per child assessed after August 31st		
Today's Date:		Tuition \$60.00 x 1 child	\$70. X 2 children	\$80. x 3 or more children
Form Completed by:		Late fee:		=
		Amount Due		=

1. FAMILY INFORMATION

Child's Last Name:			
Primary Mailing Address:			
City, State, Zip:			
Mother's Name:		Denomination/Religion:	
Mother's maiden name:			
Mailing Address:		Cell	
City, State, Zip:		Work:	
Email Address:			
Father's Name:		Denomination/Religion:	
Mailing Address:			
City, State, Zip:		Work:	
Email Address:		Cell:	

2. STUDENT REGISTRATION

2. STUDENT REGISTRATION		<i>Name as stated in baptism certificate</i>			
Student Name:	Last Name	First Name	Middle Name		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Date of Birth: mmdyy		Age:			
City & State of birth					

School Grade & name of school			
Attended R.E. in 2022/23	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes where?	
Catholic Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, what denomination?			
Has received First Reconciliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Received First Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has received Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, contact RCIA Coordinator, RCIA@saintmonicaconverse.net or go to Website "Start Here - Parishioner Portal" RCIA/RICA "How do I..."	

3. Information on Church of Baptism:

Name of Church:	Address:
City & State:	Year of baptism:

4. Sacramental Program:

First Reconciliation/First Holy Eucharist: A two-year program for children grades 1st – 8th

To register for year two, your child must have attended year one of preparation for the sacraments of First Reconciliation & First Holy Eucharist last year and had good attendance with no more than three (3) absences. Must be baptized, and a copy of Baptism certificate must accompany this registration form.

Two-year program starting in 1st grade: Year 1: [] Year 2: []

Confirmation: A two-year program: Two-year program for students grades 9th – 11th.

To register for year two, the student must have attended year one of preparation for the sacrament of Confirmation last year, (2022-23) and had good attendance with no more than three (3) absences. Must be baptized and have received the sacrament of Reconciliation and First Holy Eucharist. A copy of both Baptism and First Holy Eucharist must accompany this registration form.

Two (2) year program: 9th – 11th grade: Sacrament of Confirmation: Year 1: [] Year 2: []

5. Emergency Contact Information

Please list people to call in case of an emergency, and parents cannot be contacted.

Name: _____ **Phone#** _____

Relationship to child: _____

Name:	Phone#
Relationship to child:	
6. Emergency Medical Information	
A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:	
B. List any Food or Environmental Allergies:	
I authorize a representative of St. Monica Religious Education to refer/and or transport my child to the doctor in the event of an emergency of sudden illness, providing the primary and alternative person(s) designated by me cannot be reached.	
Parent or Guardian signature	Date:

6. INSURANCE INFORMATION			
Insurance Company:		Identification Number:	
Policy Number:		Group ID Number:	

**EMERGENCY MEDICAL TREATMENT
RELEASE**

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where the physicians render treatment.

I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child.

Child's Name:	Parent or Guardian Signature:
Cell #	Email:

7. PICK-UP AUTHORIZATION			
Please list below those who are authorized by you to pick-up your child/ren from class:			
AUTHORIZED		Not Authorized	
1. Name:		Name:	
Relationship to child:		Relationship to child:	

2. Name:		Name:	
Relationship to child:		Relationship to child:	
3. Name:		Name:	
Relationship to child:		Relationship to child:	

For Office Use Only:	Total Fee	\$60. []	\$70. []	\$80. []	Siblings
Payment Amt. Received					
Cash: Receipt #					
Check: Check & Receipt #					

Authorization to Publish Pictures

Saint Monica Catholic Church
501 North Street, Converse, Texas 78109

Office of Religious Education

Please fill out and sign the appropriate statement to either grant or to decline permission to use pictures of you and/or of your children on the church web site and/or for other church publicity. Individual pictures of children will not be published. No Names will accompany any photographs used on the web site.

To GRANT permission to use your picture and/or your child's picture:

I, _____ (print your name) **GRANT** permission for Saint Monica Catholic Church to publish pictures of me and/or my child, _____ (Print name of child or children) on the church's web site or in the church's publicity information, newsletters or bulletins. I understand that if I give notice to the webmaster that I object to any particular picture of me or my child on the web site, it will be removed as soon as possible. I understand that neither I nor the child nor the children named above will be paid any royalty or other compensation for the publication of the picture.

I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Parent or Guardian Signature _____ Date _____

To REFUSE permission to use your picture and/or your child's picture:

I, _____ (print your name) **REFUSE to grant permission** for Saint Monica Catholic Church to publish pictures of me or my child _____ (print name of child or children) on the church's web site or in the church's publicity information, newsletters or bulletins. Any pictures which include a recognizable picture of me, or my child or children may not be used unless I change this statement with particular written permission to the contrary for that instance.

I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Parent or Guardian Signature _____ Date _____