

# Saint Monica Catholic Church

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

## Religious Education Registration

**Please note: Kindergarten is not considered as 1<sup>st</sup> year of preparation for 1<sup>st</sup> Holy Communion**  
**8<sup>th</sup> grade is not considered as 1<sup>st</sup> year of Confirmation Preparation:**

<b>Tuition :</b>	<b>\$60.00 x 1 child</b>	<b>\$70. X 2 children</b>	<b>\$80. X 3 or more children</b>	<b>\$</b>
<b>Form Completed by:</b>				<b>\$</b>
<b>Today's Date:</b>	/ /	<b># of Children Registering today</b>	<b>Amount Due</b>	<b>= \$</b>

### 1. FAMILY INFORMATION

**Registered Parishioner of St. Monica:** Yes [ ] No [ ]

**Primary Mailing Address:**

**City, State, Zip:**

**Mother's Full Name:**

**Mother's maiden name:**

**Denomination/Religion:**

**Address: (same as above )**

**Cell:**

**City, State, Zip:**

**Work:**

**Email Address:**

**Father's Full Name:**

**Denomination/Religion:**

**Address: (same as above )**

**Cell:**

**City, State, Zip:**

**Work:**

**Email Address:**

### 2. STUDENT INFORMATION:

**\*\*Student Name EXACTLY as it appears on the baptism certificate:**

**Gender:**  Male  Female

**Date of Birth:** mmddyy

**Age:**

**City & State of birth**

<b>Name of School:</b>		<b>Grade:</b>	
<b>Attended Religious Education in 2023-2024:</b>		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
		<b>Where?</b>	
<b>Catholic Baptism:</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Date of Baptism:</b>	
<b>Name of Church:</b>			
<b>Address, City &amp; State:</b>			
<b>If NOT Catholic Baptism, what denomination?</b>			
<b>Has Received First Communion/ First Reconciliation:</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>IF yes, where?</b>	
<b>Has received Confirmation:</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>IF yes, where?</b>	
<b>Is your Child Receiving a Sacrament this year: Yes</b> [ ] <b>- go to question #3</b> <b>No</b> [ ] <b>-go to question #4 / skip #3</b>			

### 3. Sacramental Program: (Please choose ONE)

**First Reconciliation/First Holy Eucharist: A two-year program, for children grades 1<sup>st</sup> – 8<sup>th</sup>**

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 1<sup>st</sup> grade: Year 1:** [ ]      **or**      **Year 2:** [ ]

**Confirmation: Year 1: Must be in 9<sup>th</sup> grade or higher: Year 2: Must have completed all requirements the prior year and have on file copies of Baptism & First Holy Communion certificates. No exceptions please.**

To register for year two, the student must have attended year one of preparation for the sacrament of Confirmation the prior year 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 or be on file before classes begin.

**Two (2) year program: 9<sup>th</sup> – 11<sup>th</sup> grade: Sacrament of Confirmation: Year 1:** [ ]      **or**      **Year 2:** [ ]

### 4. Emergency Contact Information

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

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

<b>Name:</b>	<b>Phone#</b>
<b>Relationship to child:</b>	
<b>5. Emergency Medical Information</b>	
<b>A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:</b>	
<b>B. List any Food or Environmental Allergies:</b>	
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.	
<b>Parent or Guardian signature</b>	<b>Date:</b>

<b>6. INSURANCE INFORMATION</b>			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	

**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.

<b>Child's Name:</b>	<b>Parent or Guardian Signature:</b>
<b>Cell #</b>	<b>Email</b>

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

<b>2. Name:</b>		<b>Name:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	
<b>3. Name:</b>		<b>Name:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	

<b>For Office Use Only:</b>		<b>1 child \$60. [ ]</b>	<b>2 children \$70. [ ]</b>	<b>3 or more \$80. [ ]</b>	
<b>Payment Amt. Received</b>					
<b>Cash: Receipt #</b>					
<b>Check: Check &amp; Receipt #</b>					

# 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.

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## 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 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 Signature \_\_\_\_\_ Date \_\_\_\_\_