

## RE Registration Form 2017/2018

**DATE:** \_\_\_\_\_ **SESSION:** TUES. 6:30 PM \_\_\_\_\_ WED. 4:00 PM \_\_\_\_\_ WED. 6:30 pm \_\_\_\_\_ **ENVELOPE #** \_\_\_\_\_

Please complete **both** sides of this form and return it with payment to the RE office by August 25, 2017. Thank you!

	STUDENT 1	STUDENT 2	STUDENT 3
LAST NAME			
FIRST NAME			
SCHOOL GRADE SCHOOL NAME			
DATE OF BIRTH			
BAPTIZED CATHOLIC?	Yes No Church: _____	Yes No Church: _____	Yes No Church: _____
FIRST RECONCILIATION	Yes No	Yes No	Yes No
FIRST COMMUNION	Yes No	Yes No	Yes No
CONFIRMATION	Yes No	Yes No	Yes No
LAST REL. ED. GRADE ATTENDED: WHERE	_____ _____	_____ _____	_____ _____
<b><u>OFFICE USE ONLY:</u></b> REL. ED. GRADE LEVEL AND ROOM #			

**FEMALE PARENT/GUARDIAN:** \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ email: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**MALE PARENT/GUARDIAN:** \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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Fees: \$150.00 (1 child)      \$250.00 (2 children)      \$330.00 (3+ children)  
 Sacramental Fees:      \$50.00 (1st Communion)      \$60.00 (Confirmation)

<b><u>Office use only:</u></b>			
FEE PAID: _____	CASH _____	CHECK # _____	CREDIT CARD _____
BALANCE DUE: _____			
PAYMENTS: _____			
NOTATIONS: _____			

## Emergency information

If either parent can not be reached, whom should we contact in case of an emergency?

NAME: \_\_\_\_\_

Contact phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_

MEDICAL INFORMATION: Is there any medical information that we need to know about your child(ren).

Name of Child	Dietary Restrictions	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER CONDITIONS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us your authorization to provide appropriate medical action should your child require it while attending a religious education class, a retreat or other activity connected with this parish religious education program?

Initials please: YES: \_\_\_\_\_ NO: \_\_\_\_\_

COPIES OF BAPTISMAL CERTIFICATE REQUIRED FOR SACRAMENTAL REGISTRATION

SACRAMENTAL PERMISSION

**Parental signatures are required for a student to receive a Sacrament.**

Mother or legal guardian: \_\_\_\_\_ (signature)

Father or legal guardian: \_\_\_\_\_ (signature)

Please indicate anyone that is not allowed access to your child(ren). \_\_\_\_\_

IMPORTANT PLEASE READ: Do we have your permission to photograph/video your child during any Church activity and use for the parish bulletin or web page? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that Our Lady of Lourdes, as part of the Diocese of Palm Beach, has the permission to present to my child a class on the topic of Safety as part of the commitment the Diocese has to protect all children of God.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_