

**RELIGIOUS EDUCATION REGISTRATION**

**2018-2019**

**ST. FLANNEN \_\_\_ ST. MARY \_\_\_ ST. PATRICK \_\_\_ (PLEASE CHECK)**

Name of Student \_\_\_\_\_  
(first, middle, last)

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Child usually lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian/relation

\*\*\*\*\*

Gender: M / F Grade (Fall '18): \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: (mm/dd/yy) \_\_\_\_\_

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church name and place)

First Communion: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church name and place)

Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church name and place)

\*\*\*\*\*

Father's Name: \_\_\_\_\_  
(first, middle, last)

Mother's Maiden Name: \_\_\_\_\_  
(first, middle, last)

Step parent or guardian if other than parent: \_\_\_\_\_

Siblings living at home: Name: \_\_\_\_\_ Birth date: (mm/dd/yy) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Parent/Guardian's signature) \_\_\_\_\_

In case of Emergency: Person other than parent who can be contacted to pick up child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please fill out both sides**

Allergies/Health Issues/Special Needs/Medication: \_\_\_\_\_

I hereby give permission to Susan McCoy, CRE, or staff member, to administer medication to my child.

(Parent/Guardian's signature) \_\_\_\_\_

### RELIGIOUS EDUCATION FEE

The fee for RE classes this year is \$15.00 for a single child and \$25.00 for a family. If you are unable to pay the fee, scholarships are available through the parish. Contact Susan McCoy in the parish office for more information.

### PHOTO PERMISSION

From time to time we take pictures during St. Patrick Religious Education activities. We would like your permission to use these pictures. Pictures are selected to highlight activities at our parish. We will never reference your child by name or provide any specific information regarding your child.

*Please take a moment to let us know your preferences regarding our use of photos of your children.*

\_\_\_\_\_ YES. I grant permission to use photos of my child in the ways I've indicated.

- \_\_\_\_\_ on our website
- \_\_\_\_\_ in our newsletter to parents
- \_\_\_\_\_ in the parish bulletin

\_\_\_\_\_ NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Parent/Guardian's Signature) \_\_\_\_\_ Date: \_\_\_\_\_

***FOR OFFICE USE ONLY (please initial)***

*Date received:* \_\_\_\_\_ *Date entered in computer:* \_\_\_\_\_

*Date payment received:* \_\_\_\_\_ *Amount:* \_\_\_\_\_