

## **RELIGIOUS EDUCATION REGISTRATION FORM 2025-26**

**The registration fee for all students in the Religious Education program will be \$175.00 2<sup>nd</sup> child  
125.00**

**Additional sacrament fees may apply for students in sacrament programs.**

**Please be thorough in filling out all that applies to your child/children on this registration form.**

CHILD'S NAME \_\_\_\_\_

Family Last Name \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ Cell# \_\_\_\_\_

PARENT'S WORK # \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Are you registered in Our Lady of Guadalupe Church? Yes or no

If yes: what is your Parish # \_\_\_\_\_

If not: would you like us to register you? Yes or No

Public School \_\_\_\_\_ Grade in September. \_\_\_\_\_

\_\_\_\_\_

Does your child need to be baptized yes or no

Church of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Where did your child attend Religious Classes last year? \_\_\_\_\_

\*\*\*\*If your child is a new student a report card or transfer form from last Religious Education Program is needed.

Please Initial:

\_\_\_\_\_ I consent to have my child present for the **mandatory** child lures session that will be taken place during class.

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**Medical Information:**

DOES STUDENT HAVE ANY ALLERGIES? \_\_\_\_\_ ON MEDICATION? \_\_\_\_\_  
Please indicate any other medical issues/histories if they apply:

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DOES YOUR CHILD CURRENTLY ATTEND A SPECIAL EDUCATION OR RESOURCE PROGRAM IN THEIR PUBLIC SCHOOL? \_\_\_\_\_

IF CHILD HAS SPECIAL NEEDS, WHAT IS THE NATURE OF THEIR DISABILITY?

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**IN CASE OF EMERGENCY: PLEASE LIST TWO NAMES.**

1. PERSON TO CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

2. PERSON TO CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

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

\_\_\_\_\_ **Office use only** \_\_\_\_\_

**Certificate Information:**

Baptism Certificate \_\_\_\_\_ Date: \_\_\_\_\_

First Holy Communion Certificate \_\_\_\_\_ Date: \_\_\_\_\_

Registered by: \_\_\_\_\_ Date: \_\_\_\_\_