

RELIGIOUS EDUCATION REGISTRATION FORM 2020

**The registration fee for all students in the Religious Education program will be \$75.00.
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.

Medical Information:

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

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?

Are there any other children attending our Program? _____

Names: _____

VIRUTAL LEARNING:

Please indicate the following:

Do you have a computer accessible at home? Yes or No

Do you have a working printer that is accessible at home? Yes or No

Does your child need to be provided with physical copies of work rather than online? Yes or No

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: _____