



**RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM
SCHOOL YEAR 2020-2021**

OFFICE USE ONLY:

Reg. Fee _____
 Other fees: _____
 Total fees: _____
 Paid: _____
 Cash Check Credit
 Balance: _____
 Receipt #: _____
 Received by: _____
 Audited by: _____
 Input on PDS by: _____
 Audit Date: _____

Date of Application: _____

(Office Use ONLY):

Last Name (for filing): _____
 Interviewed by: _____

FAMILY INFORMATION:

REGISTERED SUPPORTING PARISHIONER Yes No

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

RELIGION: _____

OCCUPATION: _____

CELL NUMBER: _____

HOME NUMBER: _____

WORK NUMBER: _____

EMAIL ADDRESS TO CONTACT FAMILY: _____

STREET ADDRESS: _____

CITY/STATE: _____

ENVELOPE NUMBER: _____

FATHER'S NAME: _____

RELIGION: _____

OCCUPATION: _____

CELL NUMBER: _____

HOME NUMBER: _____

WORK NUMBER: _____

ZIP CODE: _____

PARENTS' MARITAL STATUS: (Circle One)

Roman Catholic Marriage Civil Marriage Not Married Separated Divorced Widowed Living Together

If not married in the Roman Catholic Church, are you interested in receiving the Sacrament of Matrimony? Yes No

If yes, can we contact you to provide you more information? Yes No

STUDENT INFORMATION #1: (Circle one) New Student Returning Student

LAST NAME: _____ FIRST NAME _____ MIDDLE NAME: _____

Male Female SCHOOL NAME: _____ GRADE (in the Fall/Sept): _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Does child have special needs/medical condition? Yes No (If YES, provide details) : _____

SACRAMENTS RECEIVED:

Baptism Church Name & Address: _____

Eucharist Church Name & Address: _____

OFFICE USE ONLY:

Copy of Certificate/s	Class Assignment: (English) Children 1 st -6 th	Class Assignment: (English) Youth Ministry 7 th -9 th	Class Assignment: (Spanish) Children 1 st -6 th
<input type="radio"/> Baptism	BF _____	YBF _____	Sp BF _____
<input type="radio"/> Eucharist	Communion _____ IF _____	Youth Communion _____ Youth IF _____	Sp. Communion _____
NOTE: Need Profession of Faith _____		Conf 1 _____ Conf 2 _____	

STUDENT INFORMATION #2: (Circle one) New Student Returning Student

LAST NAME: _____ FIRST NAME _____ MIDDLE NAME: _____

Male Female SCHOOL NAME: _____ GRADE (in the Fall/Sept): _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Does child have special needs/medical condition? Yes No (If YES, provide details): _____

SACRAMENTS RECEIVED:

Baptism Church Name & Address: _____

Eucharist Church Name & Address: _____

OFFICE USE ONLY: Copy of Certificate/s	Class Assignment: (English) Children 1 st –6 th	Class Assignment: (English) Youth Ministry 7 th –9 th	Class Assignment: (Spanish) Children 1 st –6 th
	<input type="radio"/> Baptism BF _____	YBF _____	Sp BF _____
	<input type="radio"/> Eucharist Communion _____	Youth Communion _____	Sp. Communion _____
	IF _____	Youth IF _____	
NOTE: Need Profession of Faith _____	Conf 1 _____	Conf 2 _____	

STUDENT INFORMATION #3: (Circle one) New Student Returning Student

LAST NAME: _____ FIRST NAME _____ MIDDLE NAME: _____

Male Female SCHOOL NAME: _____ GRADE (in the Fall/Sept): _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Does child have special needs/medical condition? Yes No (If YES, provide details): _____

SACRAMENTS RECEIVED:

Baptism Church Name & Address: _____

Eucharist Church Name & Address: _____

OFFICE USE ONLY: Copy of Certificate/s	Class Assignment: (English) Children 1 st –6 th	Class Assignment: (English) Youth Ministry 7 th –9 th	Class Assignment: (Spanish) Children 1 st –6 th
	<input type="radio"/> Baptism BF _____	YBF _____	Sp BF _____
	<input type="radio"/> Eucharist Communion _____	Youth Communion _____	Sp. Communion _____
	IF _____	Youth IF _____	
NOTE: Need Profession of Faith _____	Conf 1 _____	Conf 2 _____	

Child(ren's) Name: _____

EMERGENCY INFORMATION:

Emergency Contacts (other than parents):

1. Name: _____ Relationship: _____ Cell Phone: _____
2. Name: _____ Relationship: _____ Cell Phone: _____

MEDICAL INFORMATION & AUTHORIZATION:

Name of Physician to be called in case of emergency: _____

Physician Phone Number: _____ Medical Insurance: _____

Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or emergency, I authorize St. Charles representative or staff to the above-named physician or to the nearest emergency hospital for such emergency treatment and measure as or deemed necessary for the safety and protection of my child at my expense.

Specific Medical Condition: _____

Print Name _____ Signature _____ Relation to Child (ren) _____

CONSENT/RELEASE

I understand that St. Charles Parish or the Catechetical Ministry Center does NOT assume responsibility for payment of a physician. However, in an emergency, I authorize emergency medical treatment and agree that you may choose physician (s). I hereby release, both individually and collectively, the Diocese of San Diego, St. Charles Parish, its staff and volunteers, from any and all liability arising from the care and supervision of my child/ren.

Print Name _____ Signature _____ Relation to Child (ren) _____

PHOTO/VIDEO RELEASE:

By signing below, I authorize St. Charles Parish of the Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video for purposes of promoting the mission of the Religious Education Program. Photos, audio, video may be used in printed materials and any other visual display or media. I understand that such photos and or audio or video recordings will be used for St. Charles Religious Education Program related purposed and will not be used for any commercial purpose whatsoever. I, therefore, hereby waive any kind and all rights of my child/ren may have or for any compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

Print Name _____ Signature _____ Relation to Child (ren) _____

I DECLINE the above photo/video Release _____ (Initials)

PARENT REQUIREMENT/COMMITMENT:

1. Should my child/ren exceed/s three (3) absences in a school year, I will ensure that she/he/they complete necessary make-up sessions with me, the parent, as the primary catechist.
2. I will ensure that my child/ren attends Mass on Sundays and holydays of obligation.

PARENTS WITH CHILDREN IN THE SACRAMENTAL PREPARATION PROGRAM (Second Year):

- As the primary catechist of my child/ren, I will attend parents' sacramental preparation classes and other assigned church and parish events.

CONFIRMATION PROGRAM (Second Year):

The Confirmation Retreat Fee of \$160.00 is non-refundable since St. Charles Youth Ministry prepays the reservation deposit for the retreat venue.

By signing, I acknowledge the requirements listed above and I am committed to the task of learning the Catholic faith in order to prepare my child/children to receive his/her/their 1st Reconciliation and 1st Communion, and or Confirmation:

Print Name

Signature

Relation to Child (ren)