



RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM
SCHOOL YEAR 2024-2025

OFFICE USE ONLY:

Reg. Fee
Other fees:
Total fees:
Paid:
o Cash o Check o 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 o Yes o No
MOTHER'S NAME:
MOTHER'S MAIDEN NAME:
RELIGION:
OCCUPATION:
HOME NUMBER:
WORK NUMBER:
CELL NUMBER:
EMAIL ADDRESS TO CONTACT FAMILY:
STREET ADDRESS:
CITY/STATE: ZIP CODE:

ENVELOPE NUMBER:
FATHER'S NAME:
RELIGION:
OCCUPATION:
HOME NUMBER:
WORK NUMBER:
CELL NUMBER;

PARENTS' MARITAL STATUS: (Circle One)

o Roman Catholic Marriage o Civil Marriage o Not Married o Separated o Divorced o Widowed o Living Together
If not married in the Roman Catholic Church, are you interested in receiving the Sacrament of Matrimony? o Yes o No
If yes, can we contact you to provide you more information? o Yes o No

STUDENT INFORMATION #1: (Circle one)

o New Student

o Returning Student

LAST NAME: FIRST NAME MIDDLE NAME:
o Male o Female SCHOOL NAME: GRADE (current year in the Fall):
PLACE OF BIRTH: DATE OF BIRTH:
Does your child have a 504 Plan? o Yes o No (If YES, please complete the IEP form):

SACRAMENTS RECEIVED:

o Baptism Church Name & Address:
o Eucharist Church Name & Address:
o Confirmation Church Name & Address:

OFFICE USE ONLY:

Class Assignment: (English) Class Assignment: (English) Class Assignment: (Spanish)
Copy of Certificate/s Children 1st -6th Youth Ministry 7th -9th Children 1st -6th
o Baptism BF Youth BF Sp BF
o Eucharist Communion Youth Communion Sp. Communion
o Reconciliation IF Youth IF
NOTE: Need Profession of Faith Conf 1 Conf 2

LAST NAME: _____ FIRST NAME _____ MIDDLE NAME: _____

Male Female SCHOOL NAME: _____ GRADE: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Does your child have a 504 Plan? Yes No (If YES, please complete the IFP form): _____

SACRAMENTS RECEIVED:

Baptism Church Name & Address: _____

Eucharist Church Name & Address: _____

Confirmation Church Name & Address: _____

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

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

Does your child have a 504 Plan? Yes No (If YES, please complete the IFP form): _____

SACRAMENTS RECEIVED:

Baptism Church Name & Address: _____

Eucharist Church Name & Address: _____

Confirmation Church Name & Address: _____

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

Name/s of Child/ren: _____

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 purpose 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 _____ (Initials)

Name/s of Child/ren: _____

FOR PARENTS WITH CHILDREN IN THE BASIC FORMATION PROGRAM ONLY:

By signing below, I acknowledge receipt of all copies of the requirements:

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.

Print Name

Signature

Relation to Child (ren)

FOR PARENTS WITH CHILDREN IN THE SACRAMENTAL PREPARATION PROGRAM ONLY:

By signing below, I acknowledge receipt of all copies of the requirements, 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:

3. 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.
4. I will ensure that my child/ren attends Mass on Sundays and holydays of obligation.
5. As the primary catechist of my child/ren, I will attend parents' sacramental preparation classes and other assigned church and parish events.

Print Name

Signature

Relation to Child (ren)