

# Saint Rose of Lima

## Religious Education Program Registration Form 2020-2021

### Family Information

Page 1

First time in the Program?	Yes	No	Parishioner?	Yes	No
Father's Name:	Deceased?:		Religion:		
Mother's Name:	Maiden:	Deceased?:	Religion:		
Legal Guaridan if different than above:					
Father's Cell:	Work:	Home:			
Mother's Cell:	Work:	Home:			
Legal Guaridan Cell:	Work:	Home:			
Address:					
	Street		City		Zip Code
Are Parents:	Married	Divorced	Other		
Are there any custodial issues our office should be aware of?					
Child resides with:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>	Grandparents <input type="checkbox"/>
					Other <input type="checkbox"/>
Email:					

All Communications will be sent by email.

Students Name(s) First & Last	Session/Day
Baptismal Certificates are required for all 1st grade and new students. Students who are transferring from another religious education program or school also need a transcript.	

**TUITION FEES:** If financial circumstances prevent you from registering your child please ask to speak with Dr. Steven Olson

Please circle all appropriate fees included in payment

Tuition Fees:					
One Child		\$155.00			
Two or more children		\$255.00			

If student is attending one of the following classes a SACRAMENTAL FEE of \$40 is due: (Volunteers must pay fee)

2 Grade				FEP All or BII
8 Grade				RC RCIA II

### 3 Local Emergency Contacts Other than Parents:

NAME:	HOME PHONE:	RELATIONSHIP:
	CELL PHONE:	
	ADDRESS:	
NAME:	HOME PHONE:	RELATIONSHIP:
	CELL PHONE:	
	ADDRESS:	
NAME:	HOME PHONE:	RELATIONSHIP:
	CELL PHONE:	
	ADDRESS:	

**FOR OFFICE USE ONLY**

TOTAL AMOUNT ENCLOSED \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_

BALANCE DUE \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

FA \_\_\_\_\_ VOLUNTEER \_\_\_\_\_

**STUDENT REGISTRATION FORM**

**PLEASE SPECIFY EACH CHILD THAT WILL ATTEND 2020-2021**

**Student Name #1**

F M

**FIRST NAME**

**LAST NAME**

**GENDER**

**DATE OF BIRTH**

/ /

**PLACE OF BIRTH:**

Month Day Year

**What School Will Your Child Attend in September of 2020-2021?**

**Public School Grade?**

**Religious Ed. Grade Level:**

Does he/she have any learning challenges and/or special needs?

**\*Please include classification:**

Does your child have an IEP? If so does he/she have a one-on-one aide at school?

Please specify any allergies to medication/bee stings and/or foods:

Does he/she have any medical conditions? If so, specify:

Are there any other instructions? (I.e. dismissal, transportation, etc.)

**DAY/SESSION (PLEASE CHECK ONE)**

m Grade 2 & FEP I/II - **Tuesday** - 4:15 - 5:30PM

m Grade 1,3,4,5,6,7 **Home Study**

m Grade 8 & RCIA I/II - **Tuesday** - 7:00 - 8:15PM

m Grade 2,8, FEP I/II & RCIA I/II - **Saturday** - 9:30 - 10:45PM

**Student Name #2**

F M

**FIRST NAME**

**LAST NAME**

**GENDER**

**DATE OF BIRTH**

/ /

**PLACE OF BIRTH:**

Month Day Year

**CITY**

**STATE**

**What School Will Your Child Attend in September of 2020-2021?**

**Public School Grade?**

**Religious Ed. Grade Level:**

Does he/she have any learning challenges and/or special needs?

**\*Please include classification:**

Does your child have an IEP? If so does he/she have a one-on-one aide at school?

Please specify any allergies to medication/bee stings and/or foods:							

Does he/she have any medical conditions? If so, specify:							

Are there any other instructions? (I.e. dismissal, transportation, etc.)							

<b>DAY/SESSION (PLEASE CHECK ONE)</b>							
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m Grade 2 & FEP I/II - <b>Tuesday</b> - 4:15 - 5:30PM				m Grade 1,3,4,5,6,7 <b>Home Study</b>			
m Grade 8 & RCIA I/II - <b>Tuesday</b> - 7:00 - 8:15PM				m Grade 2,8, FEP I/II & RCIA I/II - <b>Saturday</b> - 9:30 - 10:45PM			

<b>Saint Rose of Lima</b>							
Religious Education Program							
Registration Form 2020-2021							

<b>For New Students Only</b>							
Please fill this form out for each new student in your family.							

<b>Baptismal Certificates are required for all 1st grade and new students. Students who are transferring from another religious education program or school also need a transcript.</b>							
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<b>Student Name:</b>							
<b>Parish/School attended last year for Religious Education:</b>							
<b>Parish/School Name</b>							
<b>Town</b>				<b>State</b>			

<u>Sacramental Record</u>							
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	<u>Date</u>	<u>Church</u>	<u>Location</u>				
Baptism *							
First Reconciliation							
First Eucharist							
Confirmation							
<b>*Other:</b>							
Baptized in another denomination:							
Profession of Faith:							
Full Initiation:							
Date:		Parish:		Location:			

<b>Saint Rose of Lima</b>							
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<b>For New Students Only</b>							
Please fill this form out for each new student in your family.							

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<b>Parish/School attended last year for Religious Education:</b>							
<b>Parish/School Name</b>							
<b>Town</b>		<b>State</b>					

**Sacramental Record**

	<u>Date</u>	<u>Church</u>	<u>Location</u>
Baptism *			
First Reconciliation			
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<b>*Other:</b>			
Baptized in another denomination:			
Profession of Faith:			
Full Initiation:			
Date:	Parish:		Location:

**Saint Rose of Lima**  
**Religious Education Program**  
**2020 - 2021**

GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
 DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
 FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
 FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
 FIRST LAST

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**Religious Education Program**  
**2020 - 2021**

GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
 DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
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MOTHER'S NAME: \_\_\_\_\_  
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**Saint Rose of Lima**

**Religious Education Program**

**2020 - 2021**

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STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
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**Saint Rose of Lima**

**Religious Education Program**

**2020 - 2021**

GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
FIRST LAST











