



**RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM  
SCHOOL YEAR 2019-2020**

**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: \_\_\_\_\_  
 HOME NUMBER: \_\_\_\_\_  
 WORK NUMBER: \_\_\_\_\_  
 CELL NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS TO CONTACT FAMILY: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_

ENVELOPE NUMBER: \_\_\_\_\_  
 FATHER'S NAME: \_\_\_\_\_  
 RELIGION: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_  
 HOME NUMBER: \_\_\_\_\_  
 WORK NUMBER: \_\_\_\_\_  
 CELL 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Confirmation Church Name & Address: \_\_\_\_\_

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

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: \_\_\_\_\_

Confirmation Church Name & Address: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Class Assignment: <b>(English)</b>	Class Assignment: <b>(English)</b>	Class Assignment: <b>(Spanish)</b>
Copy of Certificate/s	Children 1 <sup>st</sup> –6 <sup>th</sup>	Youth Ministry 7 <sup>th</sup> –9 <sup>th</sup>	Children 1 <sup>st</sup> –6 <sup>th</sup>
<input type="radio"/> Baptism	BF _____	YBF _____	Sp BF _____
<input type="radio"/> Eucharist	Communion _____	Youth Communion _____	Sp. Communion _____
<input type="radio"/> Reconciliation	IF _____	Youth IF _____	
<b>NOTE:</b> 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 child have special needs/medical condition?  Yes  No (If YES, provide details): \_\_\_\_\_

SACRAMENTS RECEIVED:

Baptism Church Name & Address: \_\_\_\_\_

Eucharist Church Name & Address: \_\_\_\_\_

Confirmation Church Name & Address: \_\_\_\_\_

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

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**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)

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**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)

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**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 purposes 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)

**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 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Communion, and or Confirmation:

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

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Print Name

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Signature

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Relation to Child (ren)