



St. Mary Church & St. Rose Church

Religious Education 2026-2067 Registration Form



STUDENT INFORMATION

Last Name		First Name		Date of Birth	
School Name	Grade	Age	Gender M / F	Medical Information & Concerns (Food Allergies, etc.)	

Please attach a copy of your child's birth certificate (new students) and sacramental certificate(s) if not already on file.
Has your child received any of the following Sacraments? If yes, please provide the location and year received.

BAPTISM YES or NO	FIRST RECONCILIATION YES or NO	FIRST COMMUNION YES or NO	CONFIRMATION YES or NO
Parish	Parish	Parish	Parish
City/St.	City/St.	City/St.	City/St.
Year Received	Year Received	Year Received	Year Received

PARENT/GUARDIAN INFORMATION

	Last Name	First Name	
Father's Name			
Mother's Name			***Maiden Name
Guardian's Name			
Parent's Marriage	If you are not married or not married in the Catholic church, would you like to be married in the church?		Yes No
	Would you like for a priest to contact you about the process to get married in the Catholic Church?		Yes No

MAILING INFORMATION

Mailing Address			
Physical Address			
Home Phone #	Cell #	Cell #	
Email Address			

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT Please include an emergency contact (other than a parent), which will be used as an alternate number if you cannot be reached. This contact will only be used if we are not able to contact you directly with important information for your child regarding the Religious Education program.

Emergency Contact -Name	Relationship	Phone #
Emergency Contact -Name	Relationship	Phone #

SIBLINGS IN RELIGIOUS EDUCATION

Name	Grade	Session 1 or Session 2
Name	Grade	Session 1 or Session 2
Name	Grade	Session 1 or Session 2

Office Use Only

Kindergarten through 12th Grade Fees \$30.00 Per Student (3 or more students \$90.00 total)

Date		Receipt#			
Total Paid \$		Check #		Cash \$	Paid by Breeze Online
Registered @ St. Mary Parish				Registered @ St. Rose Parish	