ST. ROSE OF LIMA
2023-2024 RELIGIOUS EDUCATION REGISTRATION FORM
(Please print legibly)

Family Name _____   Parishioner (Yes or No)

Father's Name _____   Religion _____

Mother's Full Name _____   Religion _____
                          (if different than Family Name)

Family **FULL** Mailing Address _____

Telephone   Home Number _____   Email _____

             Father's Cell# _____   Mother's Cell# _____

Emergency Contact Person *(if parent cannot be reached- Person picking up child MUST produce picture ID)*

             Name _____   Phone # _____

The following person(s) have my permission to pick up my child: **(they MUST have picture ID)**

Available Class Sessions
Tuesday afternoon 5:00 – 6:15pm (Grades 1-6, FEP I/II)
Saturday morning 9:30 – 10:45am (Grades 1-6, FEP I/II)
Sunday morning (alternate) 10:30 – 11:45am (Grades 7-8, RCIA I/II)
Home School (Grades 1,3,4,5,6)

Student Name	M/F	Date of Birth	Date of Baptism	School Attending	School Grade	RE Class	Day

If Sacraments received in a parish other than St. Rose, please list name and location for each child below: (Baptismal Certificates are required for all 1st grade and new students and transcripts for students transferring from another Parish RE program)

Baptism:_____

Penance:_____

Eucharist:_____

Cost: One child **$170.00**; two or more children **$270.00**; Sacramental fee **$50** (per child)
Late fee **$40** if registering after **8/31/2023**

_____

For Office Use Only

Total enclosed: _____   Check # _____   Cash (receipt #) _____   Balance due _____

FA: _____   Date: _____   Volunteer _____   Initials _____

Please let us know any special circumstances of which we should be aware to enhance your child(ren)'s learning, development, and spiritual growth and ensure their comfort and well-being. (allergies, custody arrangements, family circumstances, learning and behavioral needs, etc.)

Student Name #1 _____

Learning challenges and/or special needs: *Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements:

Student Name #2 _____

Learning challenges and/or special needs: *Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements:

Student Name #3 _____

Learning challenges and/or special needs: *Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements: