

Date: _____

Parish Registration #: _____

Virtual School Year: _____

St. Mary's Catholic Church

Catechist: _____

RELIGIOUS EDUCATION APPLICATION

Program:	CFF	Confirmation	RCIA	Program language:	English	Spanish
Specifications	1yr	1yr	1yr	Program day:	Monday	Tuesday
	2yr	2yr	2yr		Wednesday	Saturday

CHILD/TEEN'S GENERAL INFORMATION

Students Name: _____ Age (now): _____

Address: _____

Phone numbers: _____
Home # _____ Cell # _____ Other # _____

E-Mail Address: _____ Preferred Contact: Email Phone Mail

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Current School Attending: _____ Grade in School (after Aug.): _____

Other siblings enrolled in the program: _____

Child Allergies: _____

Child special needs: _____
(Please be specific, for example OCD, ADD, ADHD or has a learning disability IEP)

What Mass time do you attend:

Physically at Name of Church: _____ By Internet: what platform: _____

PARENT/GUARDIAN GENERAL INFORMATION

Mother Name: _____ Parent Language: _____

Father Name: _____ Parent Language: _____

Guardian Name: _____ Parent Language: _____

Parental Marital Status: Single Married Divorced

If married, is your marriage blessed by the Catholic Church: Y / N (this will not affect your child's registration)

Custody Status: Both Parents Mother Father Shared Custody Other

If other, explain: _____

Adult Designated Pick-up (age 18 or over): Must provide some form of Identification

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

IN CASE OF AN EMERGENCY (other than parent) *please contact:* _____

Telephone #: _____ Relationship to child: _____

PHOTO RELEASE AUTHORIZATION

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167
St. Mary's Catholic Church, 16550 Jurupa Ave., Fontana CA 92337 (909) 822-5670

(Please Print)

Student's Name: _____ Date of Birth: ____/____/____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

I, _____ (Parent/Guardian Name) _____ parent of the student mentioned above hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of my child's participation in this **Virtual School Year** 20 ____ - 20 ____ in the Religious Education, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

Parent / Guardian Signature

Date

***** OFFICE USE ONLY *****

Grade level: ____ Level 1 or 2 **New /Returning/transfer** Total fee: \$ _____ PIF/PYMT
Unregistered fee: _____

Today's date: ____/____/____ Payment Amount: \$ _____ Receipt # _____

Today's date: ____/____/____ Payment Amount: \$ _____ Receipt # _____

Today's date: ____/____/____ Payment Amount: \$ _____ Receipt # _____

Baptismal Certificate: Y/N

Eucharist Certificate: Y/N

F/up Date: ____/____/____

F/up Date: ____/____/____

If unbaptized, Birth Certificate: Y/N

F/up Date: ____/____/____

Other Notations: _____

VIRTUAL PANDEMIC CATECHETICAL YEAR

Application and Documents reviewed by: _____ Date: ____/____/____

Print Reviewer's Name