

Date: _____

Parish Registration #: _____

School Year: _____

St. Mary's Catholic Church

Catechist: _____

RELIGIOUS EDUCATION APPLICATION

Program: RCIA ONLY

Program language: English

Specifications 1yr 2yr

Program day: Tuesday

CHILD'S GENERAL INFORMATION

Students Name: _____ **Age (now):** _____

Address: _____

Phone numbers: _____

Home #

Cell #

Other #

STUDENTS E-MAIL ADDRESS: _____

Date of Birth: _____ **Place of Birth:** _____ **Grade in School (after Aug.):** _____

Parents Main Language: _____

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: _____

Father Name: _____

Guardian Name: _____

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: _____

DESIGNATED PICK UP PERSONS (age 18 or over): *Must provide some form of Identification*

① **Name:** _____ **Phone #:** _____ **Relationship:** _____

② **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 school year 20__ - 20__ in the Catholic Faith Formation, 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 # _____

If unbaptized, **BIRTH CERTIFICATE:** Y/N

F/up Date: _____

Other Notations: _____

For the students who are were baptized in another faith we will need copy of document:

F/up Date: _____

F/up Date: _____

Other Notations: _____

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

Print Reviewer's Name