

*Divine Mercy Catholic Church
1940 N. Courtenay Parkway
Merritt Island, Fl. 32953
452-5955*

Student Registration Form 2025-2026

We request that you register as members of Divine Mercy Parish to enroll your children in the Religious Education program. If you are not currently registered, you may obtain a registration packet from the parish office or the Information Kiosk in the Narthex of the Church.

Primary Language Spoken in your Home: _____

Please print or type all information below. Thank you.

Please provide a copy of each child's baptismal certificate if not baptized at Divine Mercy.

Child(ren)'s Name

Name _____ F M Grade _____ Birth date _____

Name _____ F M Grade _____ Birth date _____

Name _____ F M Grade _____ Birth date _____

Name _____ F M Grade _____ Birth date _____

Address _____
Street City State Zip

Home Phone (____) _____ E Mail Address: _____

Mother's Name _____ Cell # (____) _____

Religion _____

Father's Name _____ Cell # (____) _____

Religion _____

Legal Guardian, if different than above:

Name _____ Home # (____) _____

Address _____
Street City State Zip

Relationship _____ Work # (____) _____

A copy of your child's baptismal certificate is required to complete the registration process. A copy must be on file in the office of Religious Education prior to the beginning of classes. Please check below the sacraments your child has received and the approximate date.

You will not need to provide a Baptismal certificate if your child was Baptized, received First Holy Communion or was Confirmed at Divine Mercy. Please indicate below the approximate date they received the sacraments.

Sacramental Record

| | Baptism | 1 st Eucharist | 1 st Reconciliation |
|------------|---------|---------------------------|--------------------------------|
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |
| Name _____ | _____ | _____ | _____ |

If your child has already received the sacrament of Confirmation, please enter the approximate date:

Other: _____ Baptized in another denomination
_____ Profession of Faith
_____ Full Initiation (baptized after age 7)

Name, Location and Denomination of Church _____

Does your child have learning needs?

☐ Learning disability.

Classification _____

☐ Other. Please explain. _____

Please list all adults (over the age of 18) who are authorized to pick up your child:

Please note: Children will not be released to any other adult without written permission. All children (K thru 8th grade) MUST be picked up by an adult at their classroom door. Older siblings in the Religious Education Program are not permitted to pick up younger children.

Please let us know if there are any child custody issues.

Tuition

| | |
|--------------------|----------|
| 1 child | \$85.00 |
| 2 children | \$135.00 |
| 3 or more children | \$175.00 |

Payments may be made in two installments 50% due by September 24, 2025 and the balance due by November 19, 2025.

These fees cover the tuition costs for the Religious Education Program **ONLY**. Sacrament Program fees are in addition to Religious Education tuition fees.

Please check one of the following:

 I will pay in full now

I will make two payments (Sept. /Nov.) If paid online put the confirmation # here:

Signature

Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY RELIGIOUS EDUCATION STAFF

Total Amount Due _____ Amount Paid _____ Balance Due _____

Cash _____ Check _____ Date _____ Received by _____

MEDICAL INFORMATION FORM 2025- 2026

Please complete a separate form for each child you are registering. A new form must be completed for each child each year.

Student's Name _____ Grade _____

Parent/Legal Guardian _____ Phone _____

If we are unable to reach you in the case of an emergency, whom should we call?

Name _____ Relationship _____

Phone _____

Student's Physician _____ Physician's phone no. _____

List any allergies: _____

Health problems/other conditions: _____

Please print name: _____

Signature

Date