

Saint Mary, Our Lady Help of Christians Parish

RELIGIOUS EDUCATION REGISTRATION 2025-26

Kindergarten through Sixth Grade

E-mail: stmarysdorrance@gmail.com

Facebook: Saint Mary's of Dorrance
570-868-5855

***Cost: \$20 per Student.
Please put your registration
forms and payment in the
envelope provided.**

**Please call the parish office
with registration questions.**

Please Print

STUDENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE & PLACE OF BIRTH (month/day/year) _____

City, State _____

DATE & CHURCH OF BAPTISM (month/day/year): _____

Church _____

City, State _____

(New students: please attach a copy of Baptismal Certificate, if not baptized here.)

SCHOOL ATTENDING: _____

SCHOOL DISTRICT: _____

GRADE (in School): _____ (2025-26)

GRADE (In Religious Ed): _____ (2025-26)

FATHER'S NAME: _____ Address: _____

MOTHER'S **FULL MAIDEN**

NAME: _____ Address: _____

HOME PHONE # _____

Mother CELL # _____ E-mail _____

Father CELL # _____ E-mail _____

____ Yes, I am a registered, active member of Saint Mary, Our Lady Help of Christians Envelope # ____.

____ No, I am not a registered member. Please use the information on this sheet for my registration.

PLEASE COMPLETE OTHER SIDE

Responsibility for picking up my child(ren), if other than a parent/guardian:

Name _____ Phone/cell # _____

Parents/guardians are always called first in an Emergency. In the event of an Emergency and a parent/guardian cannot be reached please contact:

1. Name _____ Relationship: _____ Phone/Cell# _____

2. Name _____ Relationship: _____ Phone/Cell# _____

Please include any pertinent medical, academic, or social concerns below. Please be sure to include food and/or environmental allergies. All information is kept confidential.

Academic:

Medical:

Other:

NOTE: Help is always appreciated. You can volunteer to be a Religious Education teacher, teacher assistant, or a substitute. Parents, siblings, and grandparents are welcome!

_____ would like to volunteer to be a _____.
Name Position

Phone: _____ E-mail: _____

For more information, please call Stacey Panas 570-332-3801, or the parish office 570-868-5855.

I give permission for my son/daughter to attend Religious Education Classes at Our Lady Help of Christians Church, Dorrance.

Signature: _____ Date: _____

On behalf of myself and my family, I do hereby give Saint Mary, Our Lady Help of Christians, Dorrance, PA, without consideration or compensation, permission to use photographs/videos that may be taken during any church related event or/and activity for promotional, educational, or fundraising purposes, using various media sources.

Signature: _____ Date: _____

To be completed by office.

Payment received by: _____ Cash _____ Check _____ Date: _____