

**St. Mary of the Angels Religious Education Program Registration Form and Contract  
ONE FORM PER CHILD**

**2024-2025** Sacraments Needed:     Baptism         First Holy Communion         Confirmation

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Please write their name as it appears in their birth certificate

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ ( in August 2024)     Male     Female

Email: \_\_\_\_\_ ( Father / Mother)-Circle one

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Religion: \_\_\_\_\_

Stepparent/Guardian's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child resides with \_\_\_\_\_

Registered at St. Mary of the Angels?     Yes     No

I agree to follow all of the directives and policies of the Religious Education Program and understand that failure to do so on my part or that of my child may delay the celebration of the sacraments by my child until such time that I am in compliance.

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**IN CASE OF EMERGENCY:** Person to be contacted if the Parent/Legal Guardian cannot be reached

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Special Medical Conditions, allergies and Procedures to be followed if the condition presents an emergency:

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the physician, the representative of the parish catechetical program may make whatever arrangement seems necessary including but not limited to calling the Emergency Medical Services to transport my child to the nearest emergency room for treatment. I agree to assume the financial responsibility for any diagnosis, treatment and /or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photograph/Press Release:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

By returning this registration form, I hereby authorize and give full consent to *St. Mary of the Angels Catholic Church* to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the Religious Education.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ I do not consent to the use of photographs or recordings of my child

**REGISTRATION FEE:**

**\$ 30.00 per child, Family is registered in Saint Mary of the Angels**

\*\*Registration will be verified, needed at least 6 months before the start of Religious Education classes.

**\$ 40.00 per child, Family is NOT registered in our parish**

**First Communion: \$ 35.00** \_\_\_\_\_ **Confirmation: \$ 35.00** \_\_\_\_\_

**Total \$** \_\_\_\_\_

*If these fees are a burden to your family please contact the Religious Education Office*

Did your child attend our Religious Education program during the 2023-2024 school year? \_\_\_\_\_ yes \_\_\_\_\_ no

**OFFICE USE ONLY**

Fee paid: \_\_\_\_\_ cash / check # \_\_\_\_\_

Sacramental Fee Paid: \_\_\_\_\_

Fees Received by: \_\_\_\_\_

Date fees received : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NOTES: \_\_\_\_\_

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\_\_\_\_\_  
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