



ST. RAPHAEL THE ARCHANGEL  
CATHOLIC CHURCH

FOR OFFICE USE ONLY:		
Date	Last Name	Amount Paid
Payment type:	Cash or Check #	

OFFICE OF RELIGIOUS EDUCATION

Registration for Religious Education 2018-2019

Envelope # \_\_\_\_\_

**FAMILY INFORMATION** .....

**Household Head #1**

**BIOGRAPHICAL INFORMATION**

\_\_\_\_\_ **DOB** \_\_\_\_\_  
*Title First MI Last Maiden MM/DD/YY*

**Gender:**  Male  Female **Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Are you the custodial parent? :**  Yes  No

**If No: Who has rights:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Children live with:** \_\_\_\_\_

**CONTACT INFORMATION:**

\_\_\_\_\_ **Address** \_\_\_\_\_ **Apt#**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP**

\_\_\_\_\_ **Primary Phone #** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_ **Email**

**Household Head #2**

**BIOGRAPHICAL INFORMATION**

\_\_\_\_\_ **DOB** \_\_\_\_\_  
*Title First MI Last Maiden MM/DD/YY*

**Gender:**  Male  Female **Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Are you the custodial parent? :**  Yes  No

**If No: Who has rights:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Children live with:** \_\_\_\_\_

**CONTACT INFORMATION:**

\_\_\_\_\_ **Address** \_\_\_\_\_ **Apt#**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP**

\_\_\_\_\_ **Primary Phone #** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_ **Email**

Which name would you like us to use to register your household? \_\_\_\_\_  
(Last Name Only)

**STUDENT INFORMATION:**

Child #1

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #2

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #3

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #4

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

**SACRAMENTAL INFORMATION:** *If sacrament was not received at SRCC please indicate below*

CHILD	SACRAMENT	CHURCH INFORMATION	Certificate on file at SRCC
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO

**STUDENT INFORMATION (CONT'D)**

Please list any allergies & medical concerns:

Learning/Behavioral Disabilities or Other Health Impairments, which might impact reading, studying and learning: Please Explain

Special Needs:

My child has an IEP on record:  Yes  NO

<b>Tuition:</b> \$200 per family	<b>FOR OFFICE USE ONLY</b>	
<b>Fees:</b> \$50 per child	<b>Paid in FULL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CASH
<b>Late Fee:</b> \$25 per child	Amount Paid: _____	Check # _____
<b>FORMS:</b>		
<b>Emergency Contact Information</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Medical Information/Emergency Treatment Authorization</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Handbook Acknowledgement/Photo Release</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Medication Permission Request</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Volunteer Service</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<i>Forms are found on parish website at: <a href="http://newoldchurch.org">newoldchurch.org</a> in religious education tab.</i>		

