

**ST. CHRISTOPHER CATHOLIC PARISH  
RELIGIOUS EDUCATION 2015 – 2016**

**STUDENT INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_/

HAS THIS CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS

BAPTISMAL ( ) YES ( ) NO

PENANCE ( ) YES ( ) NO

1<sup>ST</sup> COMMUNION ( ) YES ( ) NO

IF YES, WHERE? \_\_\_\_\_

NAME OF SCHOOL CHILD IS ATTENDING?

GRADE THIS FALL \_\_\_\_\_

WILL THERE BE OTHER CHILDREN IN FAMILY ATTENDING RELIGIOUS  
EDUCATION AT ST. CHRISTOPHER PARISH ( ) YES ( ) NO  
HOW MANY \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS THAT  
WE SHOULD BE AWARE OF?

IS YOUR FAMILY A REGISTERED PARISHIONER OF ST. CHRISTOPHER  
PARISH? ( ) YES ( ) NO

PLEASE PROVIDE THE NAME OF THREE DIFFERENT PERSONS THAT HAVE  
YOUR PERMISSION TO PICK-UP YOUR CHILD(REN): (THIS PERSON MUST  
BE 18 YEARS OF AGE, AND MUST SIGN CHILD(REN) IN/OUT OF  
CLASSROOM:

1). NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2). NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

3). NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DOES CHILD LIVE WITH ( ) BOTH PARENTS ( ) MOTHER ( ) FATHER  
( ) GRANDPARENTS ( ) GUARDIANS

**PARENTS/GUARDIANS INFORMATION**

MOTHERS /GUARDIANS NAME:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ (OPTIONAL)

FATHERS/GUARDIANS NAME:

ADDRESS: (IF DIFFERENT FROM ABOVE)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ (OPTIONAL)

ARE PARENTS MARRIED IN THE CHURCH? ( ) YES ( ) NO  
IF YES, WHERE? \_\_\_\_\_

INTERESTED IN VOLUNTEERING FOR RELIGIOUS EDUCATION  
PARENT FUNDRAISING

( ) BAKE SALE ( ) BREAKFAST ( ) CLEAN-U ( ) RAFFLE ( ) OTHER

**PARISHIONER TUITION RATE:**

ONE CHILD - \$45.00 TWO CHILDREN - \$60.00

FAMILY - \$90.00 NON PARISHIONER - \$45.00/PER CHILD

IF UNABLE TO PAY, VOLUNTEER SERVICE IS AVAILABLE

AMOUNT PAID: \_\_\_\_\_

PAID IN FULL: \_\_\_\_\_

PAYMENTS: \_\_\_\_\_

40 SERVICE HOURS \_\_\_\_\_

FOR PARISH USE ONLY DATE \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_

ARRANGEMENTS MADE: \_\_\_\_\_