

Mary Star of the Sea Parish
Office of Religious Education
Faith Formation: Age 4 years through 8th Grade and RCIC

Today's Date:

Child's Name					
Last Name	First	Middle	Date of Birth		
Name of Father		Name of Mother		or Guardian	
Home Address: Street		City		Zip Code	
Telephone Numbers: Child's Home		Parents' Work		Cellular or Pager	
		Mother:			
		Father:			
Emergency Contact: Name		Phone Number		Cellular or Pager	
Did child attend Religious Education last year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Where?					
Child's grade in September of this year		Name of the school child attends now			
SACRAMENT INFORMATION					
Has your child received the following sacraments?			Class Day Preferred		
Baptism *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wednesday	<input type="checkbox"/> 4:15 – 5:30 pm	Pre-K – 6 th Grade
First Confession	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 5:15 – 6:15 pm	Grades 7 and 8
First Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Saturday	<input type="checkbox"/> 9:45 – 11:00 am	Pre-K – 6 th Grade
* If yes, a copy of Baptism certificate must accompany this application. If your child was baptized at Mary Star of the Sea, please indicate month & year of the baptism.			RCIC	<input type="checkbox"/> (Child older than 2 nd Gr. preparing to receive sacraments for the 1 st time)	
			Email:		
Please complete the other side of this form					
FOR OFFICE USE ONLY					
Tuition:		Tuition \$75 for one child. \$40 for each sibling			
Date	Amount Paid	Cash	Check #	Received by	Balance
Baptism Cert. Received	Class	TTS	Please complete other side		

Reminder: Please contact us when phone number and/or email changes. It is important that we be able to contact you at all times.

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CHILD'S MEDICAL INFORMATION		
Last Name	First	Middle
Physician's Name		Phone
Is your child allergic to any medication? If yes, list medications		
Please list any medication your child takes regularly		
Medical Insurance		
Are there any special needs for your child due to physical or emotional difficulties? Please list		
<u>Authorization</u>		
<i>In case of an emergency, I authorize that my child and this record be transported to the nearest medical facility and that emergency medical care be rendered as necessary.</i>		
_____		_____
<i>Parent Signature</i>		<i>Date</i>

***PHOTO RELEASE:** Parent Authorization, consent and release.

The undersigned parent hereby authorizes and consents that St. Mary's Religious Education staff be permitted to use and publish for publicity purposes, the name and likeness of my child _____, or for any other lawful purpose whatsoever, including electronic media.

The parent acknowledges having read this release, having the opportunity to consider and understand its terms and does hereby execute it voluntarily with knowledge and its significance.

Parent/Guardian Signature: _____ **Date** _____