

# St. Elizabeth Ann Seton Religious Education Registration Form

## Student & Parent Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Date of Birth

Male    Female

\_\_\_\_\_

Student Phone

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City & State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Mother or Legal Guardian Last Name

\_\_\_\_\_

Mother or Legal Guardian First Name

\_\_\_\_\_

Mother or Legal Guardian Phone Number

\_\_\_\_\_

Mother or Legal Guardian Cell Phone

Yes    No

\_\_\_\_\_

Email address

\_\_\_\_\_

Father or Legal Guardian Last Name

\_\_\_\_\_

Father or Legal Guardian First Name

\_\_\_\_\_

Father or Legal Guardian Phone Number

\_\_\_\_\_

Father or Legal Guardian Cell Phone

Yes    No

\_\_\_\_\_

Email address

## Religious Education Program Information

Grade the student will attend in **2018-2019** school year \_\_\_\_\_

## Student Sacramental Information

Baptism \_\_\_\_\_

Date Received

Parish

City, State

First Communion \_\_\_\_\_

Date Received

Parish

City, State

Confirmation \_\_\_\_\_

Date Received

Parish

City, State

## Religious Education Class Time

**K-5** (Choose one)    Sunday, 10:10-11:20am    **Or**    Wednesday, 6:15-7:30pm

**6-12** (Only Option)    Sunday, 12:30-2:00pm

**Special Notation**

Is there anyone not allowed to pick up your child? \_\_\_\_Yes      \_\_\_\_No  
*If yes, please notify Marilyn or Johnny immediately*

**Emergency Contact Information**

*Please Provide Two Contacts (other than yourself)*

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Student Allergies/Medical Conditions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent**

To the best of my knowledge my child, \_\_\_\_\_, is in good health and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for treatment. I wish to be advised prior to any further treatment by the hospital or a doctor, or for my emergency contacts to be contacted if I am unavailable.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

I understand that at times St. Elizabeth Ann Seton and its programs, may take pictures during normal and special events. By signing below, I grant St. Elizabeth Ann Seton and its programs permission to include my child in photos to represent the parish and its activities.

Parent/Legal Guardian Signature: \_\_\_\_\_