

St. Elizabeth Ann Seton Religious Education Registration Form

Student & Parent Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Date of Birth</i>	<u>Male</u> <u>Female</u>	<i>Student Phone</i>
<i>Mailing Address</i>	<i>City & State</i>	<i>Zip Code</i>

<i>Mother or Legal Guardian Last Name</i>	<i>Mother or Legal Guardian First Name</i>	
<i>Mother or Legal Guardian Phone Number</i>	<i>Mother or Legal Guardian Cell Phone</i>	<u>Yes</u> <u>No</u>
<i>Email address</i>		

<i>Father or Legal Guardian Last Name</i>	<i>Father or Legal Guardian First Name</i>	
<i>Father or Legal Guardian Phone Number</i>	<i>Father or Legal Guardian Cell Phone</i>	<u>Yes</u> <u>No</u>
<i>Email address</i>		

Religious Education Program Information

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

Student Sacramental Information

Baptism	<i>Date Received</i>	<i>Parish</i>	<i>City, State</i>
First Communion	<i>Date Received</i>	<i>Parish</i>	<i>City, State</i>
Confirmation	<i>Date Received</i>	<i>Parish</i>	<i>City, State</i>

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: _____