

**Child's Full Name** \_\_\_\_\_ **Grade in Public School** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State Country

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_  
Parish City State

Received First Holy Communion \_\_\_\_\_ Where \_\_\_\_\_  
Yes/No Parish City State

Has Your Child Celebrated Confirmation? \_\_\_\_\_  
Yes/No Date Location

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# Saint Mary's Catholic Church Youth Religious Education Registration Year: 2017-2018

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Please provide complete information for each child on the reverse side.**

**\*\*\*Please provide a baptismal certificate for each child not baptized here at St. Mary's\*\*\***

**\*\*\*Please provide a Birth certificate for each child not baptized.\*\*\***

## Promise of the Parent(s)

As a responsible parent, I promise before God that I will participate in Mass every Sunday & Holy Day of Obligation. I promise that my child (children) will attend with me. I understand that this is one of the requirements for my child (children) to participate in the religious education program at St. Mary's Parish.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent helpers needed

Diocesan guidelines require 2 adults in each classroom at all times. Your parish program needs parents willing to spend time in class each Sunday morning. You would not be asked to teach, just be present while your children are in class. Would you be willing to serve as a catechist aide?

Yes \_\_\_\_\_ No \_\_\_\_\_

## Medical Information

Telephone number where you can be reached during Religious Education \_\_\_\_\_

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the parish staff or Religious Education volunteers to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or the doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

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

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Specific Medical Information:

Do any of your children have allergies (medications, food, etc.), physical limitations or special medical conditions we should be aware of? Please list below.

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

**Religious Education fees:** \$50 each child \$70 if receiving a Sacrament  
\$100 maximum per family

Please make checks payable to: St. Mary's Religious Education

Office Use Only:

Amount Paid \_\_\_\_\_

Cash  Check Number \_\_\_\_\_

**St. Mary's Catholic Church**

**600 St. Mary's Ave.**

**Frankfort, IN 46041**