

St. Margaret Mary Catholic Church
Religious Education Registration
Pre-School – Grade 8 from 9:30-10:45 AM
2016 – 2017 Classes begin August 21, 2016

<i>Date Received</i>	
<i>Check#</i>	<i>Amount \$</i>
<i>Baptismal Certificate</i>	

Family's Last Name _____
 Address _____
 City, State, Zip _____
 E-Mail Address: 1) _____
 2) _____
 Phone (home) _____ (cell # & name) _____

Father's Name _____ Religion _____
 Address _____ (cell #) _____
(if different)
 Father's Occupation _____ Work # _____

Mother's Name (include Maiden) _____ Religion _____
 Religion _____ (Cell #) _____
 Address _____
(if different)
 Mother's Occupation _____ Work # _____

Fees for Sunday RE: \$35 per child/Family Max \$70
Fee for Sacraments: There is an additional \$45 charge if your child is receiving First Reconciliation and First Holy Communion this year (usually 2nd grade).

Please do not let the fees keep you from sending your child(ren). You may pay in installments. Please circle this box if you need a confidential scholarship or contact parish office @ 232-3512.

Marital Status: Single___ Married___ Separated___ Divorced___ If parents are divorced: Who is the custodial parent: _____ With whom does the child live? _____

If requested, may non-custodial parent pick-up and/or receive reports on child? Yes No

PARISH NAME IF OTHER THAN SAINT MARGARET MARY: _____

EMERGENCY MEDICAL RELEASE:

In the event of an emergency where medical treatment is required I give my permission to the church staff to administer emergency first aid and/or obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Signed: _____ Date: _____

Person to notify if unable to contact parent (include phone #): _____

CHILDREN REGISTERED

SACRAMENTAL INFORMATION (Please indicate to the best of your ability the date and place each sacrament was received. **Include a copy of baptismal certificate if not baptized at Saint Margaret Mary.**)

1) Child's Name _____ Grade ____ School _____
Birthday _____ Place of Birth _____
Baptism _____ First Communion _____
First Reconciliation _____ Confirmation _____
How many years of Religious Education has your child had? _____

2) Child's Name _____ Grade ____ School _____
Birthday _____ Place of Birth _____
Baptism _____ First Communion _____
First Reconciliation _____ Confirmation _____
How many years of Religious Education has your child had? _____

3) Child's Name _____ Grade ____ School _____
Birthday _____ Place of Birth _____
Baptism _____ First Communion _____
First Reconciliation _____ Confirmation _____
How many years of Religious Education has your child had? _____

4) Child's Name _____ Grade ____ School _____
Birthday _____ Place of Birth _____
Baptism _____ First Communion _____
First Reconciliation _____ Confirmation _____
How many years of Religious Education has your child had? _____

Please indicate any additional information we need to know about any of your children such as allergies, medications, or special needs (such as and not limited to asthma, diabetes, ADHD, food allergies, heart condition, etc.): _____

**Please return Form and Fee to: St. Margaret Mary Catholic Church
Religious Education Office
2405 South 7th Street
Terre Haute, IN 47802**