



LITTLE FLOWER CATHOLIC CHURCH

RELIGIOUS EDUCATION DIVISION
FIRST TIME REGISTRATION FORM -2016-2017

Growing as disciples through prayer, Scripture, Liturgies, Sacraments, and Services

Date: _____
New Registration: _____
Returning: _____

Office Use Only:
Placement: _____

SACRAMENTS

BAPTISM: YES ___ NO ___ If Yes, Where your child was baptized? : _____
If is not in this Parish, please provide name and address:

Date of Baptism: _____

FIRST COMMUNION: YES ___ NO ___ if Yes, where your child made the First Communion? _____
If is not in this Parish, please provide name and address: _____

SECTION 1 (Please Print)

Child's Last Name: _____ First _____ Middle: _____

Child's Home Address: _____ City _____ Zip Code: _____

Primary Phone Number: _____ Date of Birth: _____ Place of Birth: _____
(To be used for Alert messages)

Age as September 1st, 2015: _____ Grade in September 1st, 2016: _____

Name of the School Child Attend: _____

Public Private Charter Other: _____

Child lives with: Both Parents Mother Father Other: _____

Was the child enrolled in a Catholic Religious Education Program or Catholic School during the last school year?

Yes No Where? _____

FATHER

PARENT S/GUARDIANS (List Below)

MOTHER

Relationship to child: _____

Relationship to child: _____

Name: _____

Name (Maiden): _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Religion: _____

Religion: _____

Marital Status: _____

Marital Status: _____

E-mail: _____

E-mail: _____

Comments: _____

EMERGENCY INFORMATION

If in the event of an emergency, if you are unable to reach me, please contact the following:

Name: _____ Relationship: _____

Address: _____

Phone Number: (____) _____

Comments: _____ (See back)

Dear Parents,

Thank you for giving us the privilege of working with your child/children. The information provided is necessary for the registration. Please note the fees are the same last year except for Sacramental preparation due to activities and events that requires a minimum increase.

A full or partial fee payment. Complete payment is due by November 8th, 2016. No child will be excluded from any program because of inability to pay. However, such arrangements must be made at the Religious Education Office beforehand and approved by the Pastor or the Director of Religious Education.

FEE SCHEDULE (Office use only)

| | | |
|-------------------------------------------|-----------|-------|
| 1 st Child Yearly Registration | \$ 125.00 | _____ |
| 2 nd Child Yearly Registration | \$ 160.00 | _____ |
| 3 rd Child Yearly Registration | \$ 200.00 | _____ |
| Additional Child | \$ 40.00 | _____ |
| Sacraments Preparation: | \$ 150.00 | _____ |
| Total Due: | | _____ |

PAYMENT

Payment: _____ Receipt # _____ Cash: _____ Check: _____

Balance Due: _____ (Due and completed by November 8th, 2016)

Authorized Person: _____ Initial approval: _____

Any special accommodations/requests must be made in writing by November 20th. All the classes are filling in according with the number of seats we have in the classrooms. If you register your child September 30th an **additional late fee of \$25.00 will assign**. Thank you for giving us the privilege to work with your children.

Shalom!

Sr. María Elena Larrea, osf, DRE