



# LITTLE FLOWER CATHOLIC CHURCH

## RELIGIOUS EDUCATION REGISTRATION FORM (2019-2020)

*Growing as disciples through Prayer, Scripture, Liturgies, Sacraments, and Services*

Date of Registration: \_\_\_\_\_

Office Use:

New:  Returning:

Placement: \_\_\_\_\_

Registered Parish / Envelope #: \_\_\_\_\_

### SACRAMENTS RECEIVED BY CHILD

**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 I - STUDENT INFORMATION

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

(To be used for Alert messages)

(City & State)

Age as September 1<sup>st</sup>: \_\_\_\_\_ Grade in September 1<sup>st</sup>: \_\_\_\_\_

**Child's Current School:** \_\_\_\_\_

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? \_\_\_\_\_

**Racial/Ethnicity** – (Information requested by the Archdiocese of Miami)

White/European  Black/African American  Hispanic  American Indian/Alaskan  Asian

Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

#### FATHER

#### SECTION II - PARENT/GUARDIAN INFORMATION

#### MOTHER

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Name (Maiden): \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION III - EMERGENCY INFORMATION**

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

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

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

**SECTION IV - FEE INFORMATION (Office use only)**

**Full Payment Requested**, however, no child will be excluded from any program because of an inability to pay. If assistance is needed, arrangements must be made in writing and provided to the Religious Education Office beforehand and approved by the Pastor.

	<u>Before 08/27</u>	<u>After 08/27</u>	
1 <sup>st</sup> Child Yearly Registration	\$100.00	\$ 125.00	_____
2 <sup>nd</sup> Child Yearly Registration	\$140.00	\$ 165.00	_____
3 <sup>rd</sup> Child Yearly Registration	\$180.00	\$ 205.00	_____
Additional Child		\$ 40.00	_____
Sacrament Preparation – Additional Fee:		\$ 50.00	_____
Total Due:			_____

**Complete payment is due by December 17th, 2019.**

**SECTION IV - PAYMENTS (Office use only)**

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Credit \_\_\_\_

Balance Due: \_\_\_\_\_ Initial approval: \_\_\_\_\_

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Credit \_\_\_\_

Balance Due: \_\_\_\_\_ Initial approval: \_\_\_\_\_

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Credit \_\_\_\_

Balance Due: \_\_\_\_\_ Initial approval: \_\_\_\_\_