

ST. MARYS INTERPARISH RELIGIOUS EDUCATION PROGRAM
St. Mary, Queen of the World, Sacred Heart Parishes

NAME (Print full legal name. Do not use initials or abbreviations.)

 LAST FIRST MIDDLE

RESIDENCE ADDRESS:

 NUMBER & STREET CITY STATE ZIP CODE

TELEPHONE **E-MAIL** **PARISH of REGISTRATION**

 NUMBER FAMILY/STUDENT (Sacred Heart – Queen of World – St. Mary)

GENDER ___ Male ___ Female **BIRTH DATE** _____ **GRADE LEVEL** _____

FATHER _____ **ADDRESS** _____

MOTHER _____ **ADDRESS** _____

Mother's Maiden Name _____ **Guardian** (if applicable) _____

STEP PARENT _____ **ADDRESS** _____

If child does not live with both parents, does non-custodial parent have permission to pick child up? _____
Should non-custodial parent be kept informed of Religious Education activities? _____

SACRAMENTS: Because a new program was mandated by the diocese, it is essential that the following information be accurate for sacramental record keeping. Future requests will not be necessary.

	<u>DATE</u>	<u>CHURCH</u>	<u>CITY/STATE/ZIP</u>
BAPTISM	_____	_____	_____
RECONCILIATION	_____	_____	_____
EUCCHARIST	_____	_____	_____

Please identify any special assistance or health problems of which we should be aware. (This information will be kept strictly confidential.)

EMERGENCY CONTACTS:

Name _____ **Relationship** _____ **Phone #** _____

Name _____ **Relationship** _____ **Phone #** _____

AUTHORIZATION to use Photo:

I grant permission to the St. Marys Inter-parish REP to use my student's photo for possible publication. Can be revoked at any time.

Parent or Legal Guardian Signature _____ **Date** _____

 Date Registered _____

FEE: one child....\$40 **Amount Paid \$** _____ **Cash** ___ **or Check #** _____ **Date** _____

2 children....\$45

3 or more....\$50

Make checks payable to: "Religious Education Program"
134 Queens Rd. – St.Marys, PA

(SEE BACK)

DEAR PARENT/GUARDIAN

“All parish Religious Education programs are required by the US Bishops Conference to in-service their students every year for Safe Environment.” Please sign the following.

I _____ **do or do not**
(PARENT/GUARDIAN SIGNATURE) (circle one)

give permission for my child to participate in the Safe Environment program mandated by the Erie Diocese.

This form must be signed and dated

(date)