

Mary Star of the Sea Parish
Office of Religious Education
Faith Formation: Age 4 years through 8th Grade and RCIC

Today's Date: _____

Child's Name						
Last Name	First	Middle	Date of Birth			
Name of Parent or Guardian						
Home Address: Street		City		Zip Code		
Telephone Numbers: Child's Home		Parents' Work		Cellular or Pager		
Emergency Contact: Name		Mother:				
		Father:				
Emergency Contact: Name		Phone Number		Cellular or Pager		
Did child attend Religious Education last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, Where?						
Child's grade in September of this year			Name of the school child attends now			
SACRAMENT INFORMATION						
Has your child received the following sacraments?			Class Day Preferred			
Baptism *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wednesday	<input type="checkbox"/> 4:15 – 5:30 pm	Pre-K – 6 th Grade	
First Confession	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 5:15 – 6:15 pm	Grades 7 and 8	
First Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Saturday	<input type="checkbox"/> 9:45 – 11:00 am	Pre-K – 6 th Grade	
* If yes, a copy of Baptism certificate must accompany this application. If your child was baptized here at Mary Star of the Sea, please contact the parish office giving the month & year of the baptism to obtain a copy.			RCIC	<input type="checkbox"/> (Child older than 2 nd Gr. preparing to receive sacraments for the 1 st time)		
			If you would like to join our volunteer team please indicate your area of interest			<input type="checkbox"/> Catechist
Please complete the other side of this form						
FOR OFFICE USE ONLY						
Tuition:	Tuition \$65 for one child. \$35 for each sibling					
Date	Amount Paid	Cash	Check #	Received by	Balance	
Baptism Cert. Received	Class			Please complete other side		

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CHILD'S MEDICAL INFORMATION		
Last Name	First	Middle
Physician's Name		Phone
Is your child allergic to any medication? If yes, list medications		
Please list any medication your child takes regularly		
Medical Insurance		
Are there any special needs for your child due to physical or emotional difficulties? Please list		
<u>Authorization</u>		
<i>In case of an emergency, I authorize that my child and this record be transported to the nearest medical facility and that emergency medical care be rendered as necessary.</i>		
Parent Signature		Date