

# NEW STUDENT REGISTRATION FORM

*St. Cecelia's Religious Education*  
*Learning to Live Our Catholic Faith*

REL. ED. (FOR OFFICE USE ONLY)

GRADE: 1 2 3 4 5 6 7 8

SEPTEMBER 11, 2017 – MAY 7, 2018

PARISH St. Cecelia

REGISTRATION DATE \_\_\_\_\_

STUDENTS LAST NAME FIRST MIDDLE INITIAL M F

ADDRESS CITY ZIP CODE

E-MAIL ADDRESS \_\_\_\_\_ CHURCH ENV # \_\_\_\_\_

STUDENT'S HOME PHONE NO. CITY OF BIRTH STATE MONTH DAY YEAR

EMERGENCY PHONE NO. NAME RELATIONSHIP TO CHILD

MOTHER'S LAST NAME MAIDEN NAME FIRST RELIGION DECEASED

FATHER'S LAST NAME FIRST RELIGION DECEASED

IF LIVING WITH OTHER THAN ABOVE: YES \_\_\_\_\_ NO \_\_\_\_\_

GUARDIAN'S LAST NAME FIRST RELIGION RELATIONSHIP TO CHILD

PUBLIC SCHOOL ATTENDING 2017-2018 \_\_\_\_\_ GRADE \_\_\_\_\_

OTHER SCHOOLS ATTENDED FOR RELIGIOUS INSTRUCTION:

GRADE(S) \_\_\_\_\_

Tuition.....**PAY NOW** One child is \$95 -two children \$180 - three + children \$255

**PAY After June 29, 2017** One child is \$105 -two children \$190 - three + children \$265

**After Aug. 24, 2017** One child is \$125 -two children \$210 - three + children \$285

**MAKE CHECKS PAYABLE TO ST. CECELIA CHURCH (\$50.00 of the tuition is NON-REFUNDABLE)**

PERSON COMPLETING THIS FORM \_\_\_\_\_

Signature

Relationship to child

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ PAID CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

**STUDENT SACRAMENT HISTORY**

PARISH CITY STATE ZIP DATE

BAPTISM\* \_\_\_\_\_

FIRST EUCHARIST \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

**\*A BAPTISMAL CERTIFICATE is required for all first-time students to our Program. THIS INCLUDES THOSE WHO WERE** baptized in St. Cecelia Church. Registration will not be processed until certificate is received.

**HOME SITUATION**

BOTH PARENTS at home ( ) PARENT(s) DECEASED ( ) PARENT SEPARATED ( ) DIVORCED ( )  
SINGLE PARENT ( ) NON-PARENTAL GUARDIANSHIP ( )\* CUSTODY/VISITATION ISSUES ( )\*  
MOTHER REMARRIED ( ) STEPFATHER'S NAME \_\_\_\_\_  
FATHER REMARRIED ( ) STEPMOTHER'S NAME \_\_\_\_\_

CHILD RESIDES WITH \_\_\_\_\_

- A copy of your court document must be returned with your registration form.

**ALLERGY / SPECIAL NEEDS INFORMATION**

Please complete the following questions if your child(ren) have specific needs. This information helps the catechist meet your child's specific needs and *will not categorize* your child in any way.

**Please Circle all that apply.**

ADD/ADHD

MEDICATION/FOOD ALLERGY

MEDICAL CONDITION/OTHER

SPECIAL SERVICES: IEP, RESOURCE ROOM

IN-CLASS SUPPORT

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRANSPORTATION**

WALKING ( ) A Permission Notice for children walking home after class must be submitted to the Religious Education Office

CAR POOL ( ) Name of person other than parent responsible for ride home

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to child**