



**Resurrection Parish  
Religious Education Registration  
Diocese of Trenton  
2020-2021**

**Please print clearly and fill out entire form so that the office has accurate information.**

Date \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Primary E-mail used to communicate with family: \_\_\_\_\_

Primary Phone used to communicate with family: (\_\_\_\_) \_\_\_\_\_  
Number type: \_\_\_\_\_ Cell \_\_\_\_\_ Landline

Number of Children that you are registering \_\_\_\_\_

Are you a **REGISTERED** member of Resurrection Parish? \_\_\_ Yes \_\_\_ No \_\_\_ Not registered at any parish

If "No", name of Parish where you are registered \_\_\_\_\_

Address of the above Parish \_\_\_\_\_

Where did your child(ren) attend a Religious Education program or Catholic School in 2018-2021 (if attended)?

Resurrection Parish \_\_\_\_\_ or other Parish or Catholic School \_\_\_\_\_  
Yes / No Name of Parish or Catholic School if not Resurrection Parish

Address of other Parish or Catholic School \_\_\_\_\_

**\*\*\* A letter is required from the previous parish/school (if not Resurrection) indicating the Religious Education grade completed for each child you are registering.**

**Father/Guardian** \_\_\_ Living \_\_\_ Deceased

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Religion \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Mother/Guardian** \_\_\_ Living \_\_\_ Deceased

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
First Maiden Last

Marital Status \_\_\_\_\_ Religion \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Indicate any custody issues we should be aware of below.

\_\_\_\_\_  
Please furnish copies of any custody agreements.



**Child**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month / Date / Year City State

Religious Education Grade Level 2020-21 \_\_\_\_\_ School Grade Fall 2020 \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_

**Medical/Learning Information**

Medical Conditions/Allergies – Prescribed Medications – \*Disability/Learning Support? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain here

Does this child have medication that needs to be carried/administered during our program? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain here

Are there any other special instructions? (i.e. dismissal, transportation, etc.) \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain here

Individual Education Program (IEP) \_\_\_\_\_ No \_\_\_\_\_ Yes

\*As defined by “Individuals with Disability Education Act” (IDEA), the term “child with a disability” means a child: with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and who, by reason thereof, needs special education and related services.

**Sacraments**

Baptism \_\_\_\_\_  
Month/Date/Year or N/A Church/Parish Name City and State

First Penance Did this child receive First Penance? \_\_\_\_\_ Yes \_\_\_\_\_ No

First Eucharist \_\_\_\_\_  
Month/Date/Year or N/A Church/Parish Name City and State

Confirmation \_\_\_\_\_  
Month/Date/Year or N/A Church/Parish Name City and State

**\*\*\*Attach a copy of Baptismal Certificate if Baptized at another parish and not previously turned in.\*\*\***

Other:

Baptized in another Christian Faith? \_\_\_\_\_

Profession of Faith to Catholic if Baptized in another Faith? \_\_\_\_\_

Full Initiation? \_\_\_\_\_

RCIA (Baptized after age 7) \_\_\_\_\_

## SECONDARY CONTACT

First Name	Last Name	Relationship to Child(ren)
Secondary Phone for Person Listed Above: (____) _____		Number type: ____ Cell ____ Landline
<b><u>Different from the primary phone</u></b>		

## TUTORION FEES

**One Child \$130.00      Two Children \$200      Three or more Children \$300**

**Total Amount \_\_\_\_\_**

**Please make checks payable to Resurrection Parish or pay online <http://tinyurl.com/yae6gdxo>. This allows you to pay via Parish Giving (Login and Pay button) or directly (Pay Now button) with credit/debit card or bank transfer. Resurrection Parish Mailing address: P.O. Box 1099, Delran, NJ 08075**

**Note: A \$20 Confirmation Retreat Fee per 8<sup>th</sup> grade student will be collected at the time of the retreat.**

## Terms & Conditions

I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by Resurrection Parish or the Diocese of Trenton for claims that may arise.

I agree \_\_\_\_\_ (Yes or No)

Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility.

I agree \_\_\_\_\_ (Yes or No)

I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media.

I agree \_\_\_\_\_ (Yes or No)

**Signature of parent or legal guardian \_\_\_\_\_**

**Questions? Please contact Rich Scanlon**

**Director of Faith Formation  
856-461-6555 or [rich@resurrection2.org](mailto:rich@resurrection2.org)**