



Santo Niño de Cebu Catholic Church

RELIGIOUS EDUCATION (R.E) REGISTRATION

TODAY'S DATE: _____

Separate form must be filled out for each child.

CHILD PERSONAL INFORMATION

FILL OUT THE FOLLOWING INFORMATION EXACTLY AS IT APPEARS IN THE BIRTH CERTIFICATE.

CHILD NAME	FIRST NAME				
	MIDDLE NAME				
	LAST NAME				
DATE OF BIRTH	____/____/____ MM/DD/YYYY	AGE		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	ADDRESS/CITY/STATE /COUNTRY				
FATHER	FIRST NAME				
	LAST NAME				
MOTHER	FIRST NAME				
	MAIDEN NAME				

CONTACT INFORMATION

MAILING ADDRESS				
	Street			
	City	State	Zip Code	Country
CONTACT NUMBER				
EMAIL ADDRESS				

SACRAMENTAL INFORMATION

Please check the appropriate statement(s) below and provide any information requested beneath each statement.

✚ Has your child been baptized? YES NO Date Baptized: _____

Church Name _____

Church Address _____

✚ Has your child received his/her first reconciliation? YES NO Date of Reconciliation: _____

Church Name _____

Church Address _____

✚ Has your child received his/her first communion? YES NO Date of First Communion: _____

Church Name _____

Church Address _____

✚ The sacrament of Reconciliation and Communication is a two (2) year program. If your child is preparing to make this sacrament, where was the first (1st) year preparation made?

Church Name _____

Church Address _____

✚ The sacrament of Confirmation is a two (2) year program.

Is this your child's first (1st) year? YES NO

Is this your child's second (2nd) year? YES NO.

First Year: Church Name _____

First Year: Church Address _____

MEDICAL INFORMATION , PARENT CONSENT AND AGREEMENT

A. MEDICAL INFORMATION AND CONSENT

✚ Does your child have allergies? YES NO

✚ Physician's Name: _____ Contact No.: _____

In the event of medical emergency, I do hereby Consent to whatever necessary medical procedure/s, treatment/s, and hospitalization recommendation by the attending physician, surgeon or other authorized medical staff.

Parent/Guardian Signature

RELIGIOUS EDUCATION REGISTRATION

B. PARENT-STUDENT HANDBOOK AGREEMENT

I agree to abide by the requirements stated in the Santo Nino De Cebu Catholic Church Parent-Student Handbook pertaining to my student religious formation. I am aware of the need and consequences of weekly attendance and participation in the liturgy, ministry and celebration in the parish

Parent/Guardian Signature

C. BEHAVIOR AGREEMENT

All students are subject to the behavioral expectations set forth in the Parent-Student Handbook. In case of continued and unmanageable disruptive behavior, the Religious Education staff will contact the parents to pick up their students.

Parent/Guardian Signature

D. OVASE TRAINING AGREEMENT

I agree to have my child attend a lesson teaching an awareness for abuse prevention and appropriate reporting through resources provided by the Office of Victims Assistance and Safe Environment.

Parent/Guardian Signature

CHECKLIST OF REQUIRED DOCUMENTS AND FEES

REQUIREMENT FOR	REQUIRED DOCUMENTS	DATE SUBMITTED
FIRST COMMUNION	Birth Certificate	
	Baptismal Certificate (no older than six (6) months)	
CONFIRMATION	Birth Certificate	
	Baptismal Certificate (no older than six (6) months)	
	First Communion Certificate	
SPONSORS	Baptismal Certificate	
	Confirmation Certificate	
	Marriage Cert. (if married)	
	Letter of good standing from the pastor where he/she is registered from the parish.	

Office Use Only				
Fees	Amount	Cash	Chk#	OR#
Registration	\$50.00			
Two Children	\$75.00			
Three Children	\$100.00			
Additional Fees				
1 st Communion	\$15.00			
Confirmation	\$15.00			

*An official receipt must be issued when paid.

Processed by:

*Documents must be in within three months after registration.