



ST. RAPHAEL THE ARCHANGEL  
CATHOLIC CHURCH

FOR OFFICE USE ONLY:		
Date	Last Name	Amount Paid
Payment type:	Cash or Check #	

OFFICE OF RELIGIOUS EDUCATION

Registration for Religious Education 2020-2021

Envelope # \_\_\_\_\_

**FAMILY INFORMATION** .....

**Household Head #1**

**BIOGRAPHICAL INFORMATION**

\_\_\_\_\_ **DOB** \_\_\_\_\_  
*Title First MI Last Maiden MM/DD/YY*

**Gender:**  Male  Female **Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Are you the custodial parent? :**  Yes  No

**If No: Who has rights:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Children live with:** \_\_\_\_\_

**CONTACT INFORMATION:**

\_\_\_\_\_ **Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

\_\_\_\_\_ **Primary Phone #** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Household Head #2**

**BIOGRAPHICAL INFORMATION**

\_\_\_\_\_ **DOB** \_\_\_\_\_  
*Title First MI Last Maiden MM/DD/YY*

**Gender:**  Male  Female **Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Are you the custodial parent? :**  Yes  No

**If No: Who has rights:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Children live with:** \_\_\_\_\_

**CONTACT INFORMATION:**

\_\_\_\_\_ **Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

\_\_\_\_\_ **Primary Phone #** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

Which name would you like us to use to register your household? \_\_\_\_\_  
(Last Name Only)

**STUDENT INFORMATION:**

Child #1

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #2

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #3

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

Child #4

BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
 First MI Last DOB MM/DD/YY

Gender:  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Communion  Confirmation

Previously enrolled in SRCC Religious Education Program?  Yes  No Years attended: \_\_\_\_\_

Office Use ONLY  
 Assign to Grade: \_\_\_\_\_

**SACRAMENTAL INFORMATION:** *If sacrament was not received at SRCC please indicate below*

CHILD	SACRAMENT	CHURCH INFORMATION	Certificate on file at SRCC
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION (CONT'D)

Please list any allergies & medical concerns:

Learning/Behavioral Disabilities or Other Health Impairments, which might impact reading, studying and learning: Please Explain

Special Needs:

My child has an IEP on record:  Yes  NO

**FOR OFFICE USE ONLY**

**Tuition:** \$200 per family

**Paid in FULL:**  YES  NO

CASH

**Fees:** \$50 per child

**Late Fee:** \$25 per child

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

**FORMS:**

**Emergency Contact Information**

YES  NO

**Medical Information/Emergency Treatment Authorization**

YES  NO

**Handbook Acknowledgement/Photo Release**

YES  NO

**Medication Permission Request**

YES  NO  NA

**Volunteer Service**

YES  NO  NA

*Forms are found on parish website at: [straphaelcatholic.org](http://straphaelcatholic.org) in religious education tab.*