



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 2021-2022

Envelope # _____

FAMILY INFORMATION

Household Head #1

BIOGRAPHICAL INFORMATION

Title First MI Last Maiden DOB 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

Title First MI Last Maiden DOB 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	
_____ Child's Name	_____ Sacrament	_____ Church Name, Location	Certificate on file at SRCC <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 in religious education tab.