

St. Isidore the Farmer 2020-2021 Religious Education Registration

Please check the religious education option you are registering for:

Traditional:

- St. Alphonsus - Sundays, 9:30am - 11:00am
- St. Michael - Sundays, 6:00pm - 7:30pm
- St. Columbkille - Mondays, 6:00pm - 7:30pm
- Our Lady of Lourdes - Tuesdays, 6:00pm - 7:30pm
- St. Columbkille - Wednesdays, 6:00pm - 7:30pm

Home schooling:

- Cyber - combination of textbook and OSV websites / online resources; **not** live virtual classes
- Traditional - textbook only; no online resources

There is no registration fee this year.

FAMILY INFORMATION

Father/Guardian's name _____ Religion _____ home phone _____

Address _____ City _____ Zip _____

Cell phone _____ email _____

Mother/Guardian's name _____ Maiden Name _____ Religion _____

Address (if different) _____ City _____ Zip _____

home phone (if different) _____ cell phone _____ email _____

Parents' marital status: ___ Married ___ Unmarried ___ Separated ___ Divorced ___ Single ___ Widowed

Who is to receive mailings? ___ Both parents ___ Mother ___ Father ___ Guardian

Children live with: ___ father ___ mother ___ both ___ other (specify) _____

Emergency contact: Name _____ relationship _____ phone _____

Are you a registered member of St. Isidore the Farmer Parish? ___ Yes ___ No

If not registered, you must become registered or get your pastor's written permission for your children to attend this religious education program.

Did your children attend CCD last year? ___ Yes ___ No Where? _____

New students, as well as second and eighth graders, must submit a baptism certificate along with this form

Occasionally, pictures of religious education events will be posted in the bulletin, parish website, and/or parish facebook page. Do you give permission for your children to appear in these pictures? ___ Yes ___ No

Would any of your children (4th grade and up) be interested in becoming an altar server? ___ Yes ___ No

If so, who? _____ Which church would they serve at? _____

STUDENT INFORMATION

Student's full name _____ Birthday _____

Age ___ Sex: ___ M ___ F School attending _____ Grade _____

Was child baptized? ___ Yes ___ No Church: _____ Date: _____

Did child receive first Reconciliation? ___ Yes ___ No Church: _____ Date: _____

Did child receive first Communion? ___ Yes ___ No Church: _____ Date: _____

Please list any issues you think we should be aware of (food allergies, learning disabilities, medical conditions, social or behavioral issues, recent death in the family, custody issues, etc.) _____

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If you are registering more than two children, please print out a copy of this page and attach it to this form

Office use only: Date received _____ New Student ___ Bapt. cert. received ___ COVID memo received _____