

ST. GEORGE ROMAN CATHOLIC PARISH

K-8 RELIGIOUS EDUCATION REGISTRATION FORM

2024/2025

PLEASE PRINT CLEARLY

FAMILY INFORMATION:

DATE: _____

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Guardian's Name (if different): _____

Home Address: _____

Home Phone: _____

Father's Work Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Cell Phone: _____

In case of emergency or illness, and the parents cannot be reached, do you authorize the Religious Education staff to act if medical assistance is necessary? (Please circle) YES or NO

Parent Signature

Emergency contact **other than parent**

Phone #

Relationship to Child

REGISTRATION FEES: \$50 PER STUDENT – **PAYMENT DUE AT TIME OF REGISTRATION**

Check enclosed Cash

No Child will be turned away due to financial difficulties. If you require financial assistance, please contact the Parish Office at 480-982-2929.

VOLUNTEERS NEEDED:

I'd like to volunteer for:

- Catechist
- Substitute Catechist
- Monitor – Parking/Courtyard

SEE REVERSE SIDE FOR STUDENT INFORMATION

STUDENT INFORMATION:

PLEASE NOTE:

WE REQUIRE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE AT THE TIME OF REGISTRATION (if not previously provided). IF YOUR CHILD HAS NOT BEEN BAPTIZED, WE REQUIRE A COPY OF THEIR BIRTH CERTIFICATE AT THE TIME OF REGISTRATION.

1) **Last Name:** _____ **First Name:** _____

Grade: _____ Male Female **Has been baptized at:** _____

Has NOT been baptized

CLASS SESSION (select one):

- Kindergarten-3rd Grade**—Wednesdays 6:00—7:15pm
- 4th/5th (God's Angels)** Wednesdays 6:00—7:15pm (**has received 1st Communion**)
- 6th- 8th (EDGE)** Tuesdays 6:30—8:00pm (**has received 1st Communion**)
- 3rd - 5th Sacrament Preparation Class**—Wednesday 6:00-7:15pm (**needs 1st Communion**)
- 6th- 12th Sacrament Preparation Class**—Tuesday 6:30-8:00pm (**needs 1st Communion**)

Any Medical Conditions we need to be aware of?

Condition: _____

2) **Last Name:** _____ **First Name:** _____

Grade: _____ Male Female **Has been baptized at:** _____

Has NOT been baptized

CLASS SESSION (select one):

- Kindergarten-3rd Grade**—Wednesdays 6:00—7:15pm
- 4th/5th (God's Angels)** Wednesdays 6:00—7:15pm (**has received 1st Communion**)
- 6th-8th (EDGE)** Tuesdays 6:30—8:00pm (**has received 1st Communion**)
- 3rd - 5th Sacrament Preparation Class**—Wednesday 6:00—7:15pm (**needs 1st Communion**)
- 6th-12th Sacrament Preparation Class**—Tuesday 6:30-8:00pm (**needs 1st Communion**)

Any Medical Conditions we need to be aware of?

Condition: _____

3) **Last Name:** _____ **First Name:** _____

Grade: _____ Male Female **Has been baptized at:** _____

Has NOT been baptized

CLASS SESSION (select one):

- Kindergarten-3** Wednesdays 6:00—7:15pm
- 4th/5th (God's Angels)** Wednesdays 6:00—7:15pm (**has received 1st Communion**)
- 6th-8th (EDGE)** Tuesdays 6:30—8:00pm (**has received 1st Communion**)
- 3rd - 5th Sacrament Preparation Class**—Wednesday 6:00—7:15pm (**needs 1st Communion**)
- 6th-12th Sacrament Preparation Class**—Tuesday 6:30-8:00pm (**needs 1st Communion**)

Any Medical Conditions we need to be aware of?

Condition: _____