# ST. GEORGE ROMAN CATHOLIC PARISH K-8 RELIGIOUS EDUCATION REGISTRATION FORM 2023/2024

#### PLEASE PRINT CLEARLY

FAMILY INFORMATION:		<u>DATE</u> :
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 Education staff to act if medical assistan		
	Parent Signature	_
Emergency contact other than parent	Phone #	Relationship to Child

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

 $\Box$  Check enclosed  $\Box$  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:**

<b>REGISTRATIC</b>		OF THEIR BIRTH CERTIFICATE AT TH	NOT E E TIMI
Last Name:		First Name:	_
Grade:	□ Male □ Fe	nale <b>Has been baptized at:</b>	
	SESSION (select one):		
	-	Vednesdays 6:00—7:15pm	• 、
		esdays 6:00—7:15pm (has received 1 <sup>st</sup> Commu 30—8:00pm (has received 1 <sup>st</sup> Communion)	nion)
$\square$ $3^{rd}$	<b>5</b> <sup>th</sup> Sacrament Preparati	on Class—Wednesday 6:00-7:15pm ( <u>needs</u> 1 <sup>st</sup> C	ommun
		on Class—Tuesday 6:30-8:00pm ( <u>needs</u> 1 <sup>st</sup> Com	
	L		
•	ical Conditions we need		
Condition	n:		
Last Name:		First Name:	_
Grade:	□ Male □ Fe	nale 🛛 Has been baptized at:	
		Has <b>NOT</b> been baptized	
CLASS S	SESSION (select one):	i	
		Vednesdays 6:00—7:15pm	
$\Box 4^{\text{th}}/2$	5 <sup>th</sup> (God's Angels) Wedr	esdays 6:00-7:15pm (has received 1st Commu	nion)
		60—8:00pm (has received 1 <sup>st</sup> Communion)	<b>a</b>
		on Class—Wednesday 6:00—7:15pm ( <u>needs</u> 1 <sup>st</sup> (	
<b>6</b> <sup>m</sup> -	12 <sup>th</sup> Sacrament Preparati	on Class—Tuesday 6:30-8:00pm (needs 1st Com	munion
Any Med	lical Conditions we need	to be aware of?	
~	1:		
Last Name:		First Name:	
Grade:	□ Male □ Fe	nale 🛛 Has been baptized at:	
		Has <u>NOT</u> been baptized	
	SESSION (select one):		
	dergarten-3 Wednesday		
		esdays 6:00—7:15pm (has received 1 <sup>st</sup> Commu	nion)
	8 <sup>m</sup> (EDGE) Tuesdays 6:	0—8:00pm (has received 1 <sup>st</sup> Communion)	
$\Box$ 3 <sup>rd</sup>	- 5 <sup>th</sup> Sacrament Preparati	on Class—Wednesday 6:00—7:15pm ( <mark>needs</mark> 1 <sup>st</sup> ( on Class—Tuesday 6:30-8:00pm ( <u>needs</u> 1 <sup>st</sup> Com	