

*Saint Charles Religious Education Program  
Registration Form*

2022-2023

PLEASE CLEARLY PRINT ALL INFORMATION

**FAMILY INFORMATION**

**Parish Envelope #:** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

\_\_\_ Use the above address for correspondences

**Father's Full Name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Step-parent (if applicable):** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Legal Guardian (if applicable):** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child(ren), please indicate below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Order of Protection Exists? Yes No

**TO BE COMPLETED BY RELIGIOUS EDUCATION OFFICE ONLY**

**Registration Date:** \_\_\_\_\_

**Registration Fee:** \$ \_\_\_\_\_

**Amount Received Upon Registration:** \$ \_\_\_\_\_

**Payment Method:** \_\_\_\_\_ CASH                      Receipt #: \_\_\_\_\_

\_\_\_\_\_ CHECK                      Check #: \_\_\_\_\_

\_\_\_\_\_ MONEY ORDER    M.O. #: \_\_\_\_\_

\_\_\_\_\_ WE SHARE    Payment made on: \_\_\_\_\_

Payment recorded on: \_\_\_\_\_

**Student Information**

**\* Please be sure to complete all information.**

**1. Child's Full Name:** \_\_\_\_\_

**Public School attending in September 2022:** \_\_\_\_\_

**Religious Education Grade for 2022-2023:**

(Please circle for the day you wish to attend)

**MONDAY**      PK3   PK4   K   1   2   3   4   5   6   7

**WEDNESDAY**   PK3   PK4   K   1   2   3   4   5   6   7

**Does child have special learning needs or learning problems? YES    NO**

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

**Medical/Allergies/Additional information: YES    NO**

\_\_\_\_\_

\_\_\_\_\_

**2. Child's Full Name:** \_\_\_\_\_

**Public School attending in September 2022:** \_\_\_\_\_

**Religious Education Grade for 2022-2023:**

(Please circle for the day you wish to attend)

**MONDAY**      PK3   PK4   K   1   2   3   4   5   6   7

**WEDNESDAY**   PK3   PK4   K   1   2   3   4   5   6   7

**Does child have special learning needs or learning problems? YES    NO**

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

**Medical/Allergies/Additional information: YES    NO**

\_\_\_\_\_

\_\_\_\_\_

3. Child's Full Name: \_\_\_\_\_

Public School attending in September 2022: \_\_\_\_\_

Religious Education Grade for 2022-2023:

(Please circle for the day you wish to attend)

MONDAY      PK3   PK4   K   1   2   3   4   5   6   7

WEDNESDAY   PK3   PK4   K   1   2   3   4   5   6   7

Does child have special learning needs or learning problems? YES    NO

Explanation: \_\_\_\_\_

\_\_\_\_\_

Medical/Allergies/Additional information: YES    NO

\_\_\_\_\_

\_\_\_\_\_

4. Child's Full Name: \_\_\_\_\_

Public School attending in September 2022: \_\_\_\_\_

Religious Education Grade for 2022-2023:

(Please circle for the day you wish to attend)

MONDAY      PK3   PK4   K   1   2   3   4   5   6   7

WEDNESDAY   PK3   PK4   K   1   2   3   4   5   6   7

Does child have special learning needs or learning problems? YES    NO

Explanation: \_\_\_\_\_

\_\_\_\_\_

Medical/Allergies/Additional information: YES    NO

\_\_\_\_\_

\_\_\_\_\_