

DIOCESE OF CORPUS CHRISTI RELIGIOUS EDUCATION REGISTRATION FORM - PREK-HIGH SCHOOL

<b>Office Use Only:</b>  <b>Check #</b> <b>Date of Check Cash</b> <b>Total Amt Paid</b>	<b>OUR LADY OF THE ASSUMPTION PARISH</b> <b>RELIGIOUS EDUCATION 20 _____ - 20 _____</b>  PLEASE RETURN THIS FORM AS SOON AS POSSIBLE Phone (361) 776-2446 ♦ Fax (361) 776-3963 ♦ Email lmarzan2002@yahoo.com
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**REGISTRATION PROCESS:**  
 Complete & send this form with tuition payment to the parish address prior to the first day of class--  
 Attn: RE Registration. Checks are made payable to O.L.O.A. Religious Education

**TUITION & FEES:**

**1. FAMILY INFORMATION** \*\*New families are asked to submit a copy of each child's Baptism certificate along with this form.

Child/ren's Last Name:	
Primary Mailing Address:	
City, State, Zip:	
Mother's Name:	Religion:
Mother's Mailing Address:	Home #:
City, State, Zip:	Work #:
Mother's E-mail Address:	Cell #:
Father's Name:	
Religion:	
Father's Mailing Address:	Home #:
City, State, Zip:	Work #:
Father's E-mail Address:	Cell #:

**2. STUDENT INFORMATION** If more than 3 children, please use an additional form

	Child # 1	Child # 2	Child # 3
Full Name (as on Birth Certificate)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: mm/dd/yy	mm    dd    yy	mm    dd    yy	mm    dd    yy
Where did your child receive Religious Education in previous year?	Church: City: State:	Church: City: State:	Church: City: State:
Religious Education Level for (Current calendar year)	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Session Times: Sundays: 11:30 a.m.-12:30 p.m. Wednesdays: 7:30 – 8:30 p.m.	<i>Please circle ONE:</i> Sundays: 11:30 a.m.-12:30 p.m. Wednesdays: 7:30 – 8:30 p.m.	<i>Please circle ONE:</i> Sundays: 11:30 a.m.-12:30 p.m. Wednesdays: 7:30 – 8:30 p.m.	<i>Please circle ONE:</i> Sundays: 11:30 a.m.-12:30 p.m. Wednesdays: 7:30 – 8:30 p.m.
Received Catholic Baptism? If no, which denomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptism Date			
Baptism: Church/City/State			
Received First Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. SPECIAL NEEDS (EDUCATIONAL) INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist. If more space is needed, please attach a separate sheet to this form. It is recommended that parents of children that have special needs also be provided a one on one meeting with the parish catechetical leader to discuss learning needs.

**Name of Child # 1:**

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, IEP, etc.)

**Name of Child # 2:**

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

**Name of Child # 3:**

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

### 4. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child from class:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child:

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child:

### 5. VOLUNTEER OPPORTUNITIES

The success of our parish religious education program and sacramental preparation rests on the support and participation of all parishioners. We are all asked to give of our Time, Talent, and Treasure. Listed below are some areas in which volunteer opportunities are available. Check all those that are of interest to you. Thank you!

Volunteer Name:		Volunteer Name:	
Service	Response	Service	Response
Catechist	<input type="checkbox"/> Yes, in Levels:	Catechist	<input type="checkbox"/> Yes, in Levels:
Teacher Aide	<input type="checkbox"/> Yes, in Levels*:	Teacher Aide	<input type="checkbox"/> Yes, in Levels*:
Substitute	<input type="checkbox"/> Yes, in Levels*:	Substitute	<input type="checkbox"/> Yes, in Levels*:
Room Parent Hospitality Hall Monitor	<input type="checkbox"/> Yes, in Levels*:	Room Parent Hospitality Hall Monitor	<input type="checkbox"/> Yes, in Levels*:
<i>(Please list any other ways you may be willing to volunteer.)</i>	<input type="checkbox"/> Yes	<i>(Please list any other ways you may be willing to volunteer.)</i>	<input type="checkbox"/> Yes