

2024-2025 ST. CLARE OF ASSISI RELIGIOUS EDUCATION REGISTRATION

**MANDATORY PARENT MEETING:
WEDNESDAY, AUGUST 28 @ 5PM**

OR

WEDNESDAY, SEPTEMBER 4 @ 5PM

RE FEES:

****payable online or by
cash/check in the office****

\$50 per child

RETURN NO LATER THAN THURSDAY, AUGUST 1ST

****INCLUDE A COPY OF CHILD'S BAPTISM CERTIFICATE**

****FOR CHILDREN/TEENS WHO ARE NOT BAPTIZED, INCLUDE A COPY OF BIRTH CERTIFICATE**

ONE FORM PER CHILD

NON SACRAMENTAL PREPARATION:

_____ K-1 Catechesis _____ 4PM SESSION _____ 6PM SESSION
_____ 4-6 Continued Catechesis _____ 4PM SESSION _____ 6PM SESSION

FIRST CONFESSION PREPARATION:

_____ 2nd-3rd Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 4th-5th Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 6th-8th Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 9th-11th Grade _____ 4PM SESSION _____ 6PM SESSION

FIRST HOLY COMMUNION/CONFIRMATION PREPARATION

By registering my child for First Holy Communion/Confirmation Preparation, I affirm that my child has previously made the Sacrament of First Confession at _____ (parish) on _____ (date)

_____ 3rd Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 4th-5th Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 6th-8th Grade _____ 4PM SESSION _____ 6PM SESSION
_____ 9th-12th Grade _____ 4PM SESSION _____ 6PM SESSION

ORDER OF CHRISTIAN INITIATION FOR CHILDREN/TEENS

OCIC/T is for children ages 7-17 who have not yet received the Sacraments of Baptism, First Confession, Confirmation, or Communion. Please provide a birth certificate for this course.

Child's Age: _____ _____ 4PM SESSION _____ 6PM SESSION

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@ 5PM OR WEDNESDAY, SEPTEMBER 4 @ 5PM

PARENT/CAREGIVER INFORMATION

Mother's Name: _____ Mother's Maiden Name: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

If married, were you married in the Catholic Church? Y N

Primary Language at Home: English Spanish Other: _____

Mailing Address: _____

Email: _____ Best Phone Number: (____) ____-_____

Are you a registered parishioner? Y N

Father's Name: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

If married, were you married in the Catholic Church? Y N

Primary Language at Home: English Spanish Other: _____

Mailing Address: _____

Email: _____ Best Phone Number: (____) ____-_____

Are you a registered parishioner? Y N

I AM A FOSTER PARENT, PERMANENT/CUSTODIAL GUARDIAN OR GRANDPARENT REGISTERING THIS CHILD FOR RELIGIOUS EDUCATION:

Name: _____ Maiden Name, if applicable: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

If married, were you married in the Catholic Church? Y N

Primary Language at Home: English Spanish Other: _____

Mailing Address: _____

Email: _____ Best Phone Number: (____) ____-_____

Are you a registered parishioner? Y N

Is there a custody, visitation, or no-contact arrangement we need to be aware of? Please explain: _____

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EMERGENCY CONTACT INFORMATION

Name: _____ Best Email: _____	Relationship to Child: _____ Best Phone Number: (____) ____-_____
Name: _____ Best Email: _____	Relationship to Child: _____ Best Phone Number: (____) ____-_____
Name: _____ Best Email: _____	Relationship to Child: _____ Best Phone Number: (____) ____-_____

CHILD'S PRIMARY CARE DOCTOR

Doctor or Practice Name: _____
Phone Number: (____) ____-_____

**IF YOU CANNOT ALWAYS DROP OFF OR PICK UP YOUR CHILD,
PLEASE DESIGNATE 2 SAFE ADULTS BELOW:**

Name: _____ Best Email: _____	Relationship to Child: _____ Best Phone Number: (____) ____-_____
Name: _____ Best Email: _____	Relationship to Child: _____ Best Phone Number: (____) ____-_____

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CHILD'S INFORMATION

Name: _____ Age: _____ Grade: _____

Sacraments Received:

Baptism Date & Church: _____

First Confession Date: _____ First Communion Date: _____

Confirmation Date: _____

Allergies: _____

Does your child have an IEP/SSP/504 or is there anything their teacher needs to know?

Please explain: _____

Attended a St. Clare RE Class last year? If so, which one? _____

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For Office Use Only

Receiving Scholarship? Y N

Private Pay? Y N

Pastor's Signature