

2017 – 2018 RELIGIOUS EDUCATION REGISTRATION

ST. MARTIN OF TOURS

Last Name: _____ Email address: _____

Address: _____ Home phone: (____) _____ - _____

Father: _____ Cell Phone: (____) _____ - _____ Religion: _____

Mother: _____ Cell phone : (____) _____ - _____ Religion: _____

Emergency Contact: _____ Relationship: _____
 Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Please list all children attending Religious Education

1. If not baptized at St. Martin's, please attach copy of baptismal certificate, if we do not already have a copy.
2. Please list Post Confirmation High School student(s) interested in attending an evening high school program.

Name	M/F	Age	Grade 2017/ 2018	Date of Birth	Sacramental Year? 2 nd grade 1 st Communion or 8 th grade Confirmation	Baptized at St. Martin (Y/N)	Post Confirmation High School Student** (Y/N)

Extracurricular Activities _____

Religious Educations fees: \$40.00 per child / \$100.00 maximum per family \$ _____
 (**No fee for Post Confirmation High School Students)

Additional Sacramental fee: \$10.00 per child (1st Communion/Confirmation) \$ _____

Religious Education Fees can be paid through online giving <http://www.stmartins-martinsville.org>

Date paid: _____ Check #: _____ Cash: _____ Online: _____ Total Fee: \$ _____

All children are welcome in the RE program regardless of ability to pay. See Deacon Tim

MEDICAL / EMERGENCY / INSURANCE INFORMATION

Please list any known medical conditions that your child may have, identify food allergies, and/or specific treatments that need to be recognized during the time they spend in Religious Education programs. If special medical needs apply, complete top portion for each applicable child.

Child's Name: _____

Requires the following special needs: _____

Has Allergies? If yes, please explain type and severity.

Food Allergies NO YES _____

Other Allergies NO YES _____

Has the following disability: _____

Any other medical condition(s) we need to be aware of: _____

I hereby authorize the medical treatment of my child/children _____
In the event of a medical situation occurring in my absence during his/her Religious Education classes or activities with St. Martin of Tours parish.

(Signature parent)

_____/_____/_____
(Date)

() - _____
(Home phone)

() - _____
(Cell Phone)

(Physician Name)

() - _____
(Phone #)

(Name of Insurance Company)

(Policy Number)

SACRAMENTAL INFORMATION

If your child has NOT received sacraments during the standard class in the Religious Education program, please complete the following. You will be contacted to plan and prepare your child for the sacraments.

Baptism (Infancy thru age 5)

First Reconciliation & First Eucharist (2nd grade)

Confirmation (7th grade and higher)

Name: _____

Sacrament needed: _____

Name: _____

Sacrament needed: _____