

**2019 – 2020 RELIGIOUS EDUCATION REGISTRATION
ST. MARTIN OF TOURS**

Last Name: _____ Email Address: _____

Address: _____ City: _____ Home Phone: _____

Father: _____ Cell Phone _____ Religion: _____

Mother _____ Cell Phone _____ Religion: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Please List all Children: (If not Baptized at St. Martin's, please attach copy of baptismal certificate)

_____	M	F	_____	_____	_____	_____
Full Name			Age	Grade (2019– 2020)	School	Bapt. @ St. Martin (Y/N)
_____	M	F	_____	_____	_____	_____
Full Name			Age	Grade (2019 – 2020)	School	Bapt. @ St. Martin (Y/N)
_____	M	F	_____	_____	_____	_____
Full Name			Age	Grade (2019 – 2020)	School	Bapt. @ St. Martin (Y/N)
_____	M	F	_____	_____	_____	_____
Full Name			Age	Grade (2019– 2020)	School	Bapt. @ St. Martin (Y/N)
_____	M	F	_____	_____	_____	_____
Full Name			Age	Grade (2019 – 2020)	School	Bapt. @ St. Martin (Y/N)

Religious Educations Fee: \$40.00 per child / \$100.00 maximum per family \$ _____

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

Date Paid: _____ Check #: _____ Cash: _____ Total Fee: \$ _____

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

REVERSE SIDE WITH MEDICAL & SACRAMENTAL INFORMATION MUST BE FILLED OUT

MEDICAL / EMERGENCY / INSURANCE INFORMATION

Please list any known medical conditions that your child may have, or specific treatments that need to be recognized during the time they spend in Religious Education programs.

My child, _____ suffers from _____

Is allergic to _____

Requires the following special needs _____

Has the following disabilities: _____

Requires the following care: _____

May NOT have the following foods: _____

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.

_____/_____
(Parent Signature) (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: _____