

# RELIGIOUS EDUCATION REGISTRATION 2008-2009

Complete both sides of this form to register students for **Religious Education** and/or **Liturgy of the Word**

Name _____	Grade entering _____
Name _____	Grade entering _____
Name _____	Grade entering _____
Name _____	Grade entering _____

Holy Redeemer Catholic Church may use photo/s of my child/children in parish events or activities in news items, parish publications – website, bulletins, newsletter, or etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY INFORMATION

Mother's Name \_\_\_\_\_  
Member of Holy Redeemer Church \_\_\_\_\_ If not, where \_\_\_\_\_

Father's Name \_\_\_\_\_  
Member of Holy Redeemer Church \_\_\_\_\_ If not, where \_\_\_\_\_

Please send Correspondence by:  Hard Copy  Email

Street Address \_\_\_\_\_ email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's work # \_\_\_\_\_ Father's work # \_\_\_\_\_

If parents are separated, who has custody? \_\_\_\_\_

Who is authorized to pick up child? \_\_\_\_\_

Contact person and phone number in case of sickness or emergency:  
(other than parent) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Email \_\_\_\_\_

Note: When registering your child in the Religious Education Program, we are asking that you bring a copy (not the Original) of your child's Baptismal Certificate for our records, unless you have already done so or unless they were Baptized at Holy Redeemer Church.

### FOR HOLY REDEEMER PARISHIONERS:

\_\_\_ I am registered in Holy Redeemer Church and participate in parish activities.

\_\_\_ I regularly celebrate Saturday/Sunday Mass at Holy Redeemer Church.

\_\_\_ I give to Holy Redeemer Church stewardship of time, talent, and treasure.

### FOR PARISHIONERS OF OTHER PARISHES:

\_\_\_ Yes, I have received permission from my Pastor for enrollment in the Holy Redeemer Religious Education Program, you may contact for verification.

**2008-2009 FEES** – One child \$50, two children \$95, and three or more children \$135. **Fees are due on the first day of classes, but may be paid in advance.** Please contact the Director of Religious Education if you are unable to make payments at this time. Payment options are available. **Early registration coat (\$45/\$90/\$135) is available for those registering by May 15th, 2008.** A late fee of \$25 will charged for all payments made after September 15th unless previous arrangements have been made.

**The registration fee for *Liturgy of the Word* is \$25.00 per student. Make checks payable to Holy Redeemer Church.**

**Please return registration forms and fees before August 15th.**

A FIVE STUDENT **minimum** is required per Class on Wednesday Evenings.

Amt. \$ \_\_\_\_\_ Date \_\_\_\_\_ Ck# \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Emergency Info. \_\_\_\_\_ Conduct Contract Returned \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ Name Student is known by \_\_\_\_\_  
(Last) (First) (Middle)  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade 2008-2009 \_\_\_\_\_  
Rel. Ed.: 6:50 Wednesday Evening [5 Student Min.] (K – 8<sup>th</sup>Grade) \_\_\_\_; 8:00 AM Sunday Morning (K – 8<sup>th</sup>Grade) \_\_\_\_  
Liturgy of the Word: During the 9:30 AM Mass (3 year olds through 5<sup>th</sup> Grade) \_\_\_\_\_

TO BE COMPLETED IN FULL	
STUDENT'S NAME (if different than what's recorded in baptismal record). _____	
BAPTISM (Church) _____	
Street Address _____	City _____ State ____ Zip _____ Date _____
1 <sup>st</sup> EUCHARIST (Church) _____	
Street Address _____	City _____ State ____ Zip _____ Date _____
Has the child received First Reconciliation Yes ____ No _____	

**STUDENT'S NAME** \_\_\_\_\_ Name Student is known by \_\_\_\_\_  
(Last) (First) (Middle)  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade 2008-2009 \_\_\_\_\_  
Rel. Ed.: 6:50 Wednesday Evening [5 Student Min.] (K – 8<sup>th</sup>Grade) \_\_\_\_; 8:00 AM Sunday Morning (K – 8<sup>th</sup>Grade) \_\_\_\_  
Liturgy of the Word: During the 9:30 AM Mass (3 year olds through 5<sup>th</sup> Grade) \_\_\_\_\_

TO BE COMPLETED IN FULL	
STUDENT'S NAME (if different than what's recorded in baptismal record). _____	
BAPTISM (Church) _____	
Street Address _____	City _____ State ____ Zip _____ Date _____
1 <sup>st</sup> EUCHARIST (Church) _____	
Street Address _____	City _____ State ____ Zip _____ Date _____
Has the child received First Reconciliation Yes ____ No _____	

**STUDENT'S NAME** \_\_\_\_\_ Name Student is known by \_\_\_\_\_  
(Last) (First) (Middle)  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade 2008-2009 \_\_\_\_\_  
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