

**St. Charles Borromeo Parish  
Religious Education Registration Form 2024-2025**

Student's FULL/LEGAL Name: \_\_\_\_\_  
First Middle Last

Upcoming Grade in School for 2024-2025 year: \_\_\_\_\_ School: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Student's Birth: \_\_\_\_\_

Home Parish (Where you are currently registered): \_\_\_\_\_

Please list all allergies, special physical needs or special learning needs that your child has:

\_\_\_\_\_

*Check the sacraments your child has, only if new or entering 1<sup>st</sup> grade at St. Charles Religious Ed.:*

**Baptism:** \_\_\_\_\_ **Eucharist:** \_\_\_\_\_ **Confirmation:** \_\_\_\_\_ **Reconciliation:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_ (Attach Baptism Certificate)

**Parent/Guardian Information**

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

**Emergency Information**

**EMERGENCY CONTACT: I authorize the below named contact to authorize medical attention for my child(ren) and/or to pick up my child(ren) if I am not available. Please list someone other than the parents/guardians.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone :( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency**

Preferred Hospital, in case of emergency: \_\_\_\_\_

**In the event that I or the family physician indicated above cannot be reached and if, in the judgment of the Parish staff, immediate medical attention is indicated, I authorize the Parish staff to send my child(ren) to an available hospital or physician. I authorize the treatment of my minor child(ren) by qualified emergency medical personnel or licensed medical doctors in the event of an emergency which, in the opinion of the attending emergency medical personnel and/or doctors, may cause physical disability, undue discomfort and/or endangerment of life if delayed. This consent is granted only after a reasonable effort has been made to reach me.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

.....  
**If there is a step-parent/guardian who you would like to have as a contact, put information below:**

Relationship to Child: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_

May this parent/guardian pick up child(ren) from class? \_\_\_\_\_

Office use only: Date _____ Fee amount paid _____ Check # _____ Cash _____ Scrip: _____
---