

St. Charles Borromeo Parish
Religious Education Registration Form 2025-2026

Student's FULL/LEGAL Name: _____
First Middle Last

Upcoming Grade in School for 2025-2026 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 1st grade at St. Charles Religious Ed.:

Baptism: _____ *Eucharist:* _____ *Confirmation:* _____ *Reconciliation:* _____

Church of Baptism: _____ (Attach Baptism/1st Eucharist Certificates)

Parent/Guardian Information

Father's Full Name: _____

Address (If different from student): _____

Cell Phone: _____ Email: _____

Father's Religion: _____

Mother's Full Name: _____ Maiden Name: _____

Address (If different from student): _____

Cell Phone: _____ Email: _____

Mother'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 _____

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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? _____

Payment Information

Cash or check made out to St. Charles Religious Education.

One Child: **\$70**

Two Children: **\$130**

Three or more Children: **\$190**

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