

**ST. KATHARINE DREXEL CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM FOR 2018-2019**

REQUIREMENTS:	1) Baptismal Certificate	2) First Communion Certificate (if applicable)
	3) Tuition (see below)	4) Proof of Prior Rel. Ed. and Assessment Exam (if applicable)

DATE: _____ Family Last Name: _____ Primary Language: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ e-mail address: _____
 Father's/Guardian Name: _____ Cell Phone: (_____) _____ Religion: _____
 Mother's/Guardian Name: _____ Cell Phone: (_____) _____ Religion: _____
 Children lives with (circle one): Both Parents, Mom, Dad, Other: _____
 Marital Status (circle one): Married, Separated, Divorced, Other _____ Married in the Roman Catholic Tradition? YES () NO ()

1) Name: _____ Boy ___ Girl ___ Religion: _____ Birthdate: _____ Place of Birth: _____ Is child Baptized ? YES NO Baptismal Date: _____ Church _____ City/Country: _____ Received First Penance ? YES NO Received First Communion ? YES NO Grade in August 2018 _____ School: _____ Did this child attend a Religious Education Program <u>last year</u> ? YES NO Grade completed? _____ Name & location of prior Religious Education Program: _____ Any physical, medical, or learning conditions we should be aware of, please indicate below: _____ SESSION: (MUST INDICATE 1st, 2nd, AND 3rd Choice) TUESDAY 4:00 P.M. - 5:15 P.M. _____ 5:45 P.M. - 7:00 P.M. _____ WEDNESDAY 3:30 P.M. - 4:45 P.M. _____ 5:15 P.M. - 6:30 P.M. _____ 6:45 P.M. - 8:00 P.M. _____	<p align="center">FOR OFFICE USE ONLY</p> Certificates: Baptismal _____ Communion _____ Prior Rel. Ed. _____ Exam _____ SESSION: _____ Comments: _____ _____ _____ _____
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2) Name: _____ Boy ___ Girl ___ Religion: _____ Birthdate: _____ Place of Birth: _____ Is child Baptized ? YES NO Baptismal Date: _____ Church _____ City/Country: _____ Received First Penance ? YES NO Received First Communion ? YES NO Grade in August 2018 _____ School: _____ Did this child attend a Religious Education Program <u>last year</u> ? YES NO Grade completed? _____ Name & location of prior Religious Education Program: _____ Any physical, medical, or learning conditions we should be aware of, please indicate below: _____ SESSION: (MUST INDICATE 1st, 2nd, AND 3rd Choice) TUESDAY 4:00 P.M. - 5:15 P.M. _____ 5:45 P.M. - 7:00 P.M. _____ WEDNESDAY 3:30 P.M. - 4:45 P.M. _____ 5:15 P.M. - 6:30 P.M. _____ 6:45 P.M. - 8:00 P.M. _____	<p align="center">FOR OFFICE USE ONLY</p> Certificates: Baptismal _____ Communion _____ Prior Rel. Ed. _____ Exam _____ SESSION: _____ Comments: _____ _____ _____ _____
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<p align="center">TUITION UNTIL AUGUST 16</p> One student \$225 / Two students \$375 / Three or more \$475 - Faith Formation Class \$150/student <p align="center">TUITION STARTING AUGUST 20</p> One student \$250 / Two students \$400 / Three or more \$500 - Faith Formation Class \$175/student NOTE: There is a \$10 processing fee for payment plans - Four (4) payments maximum There is a \$25 refund processing fee - There are no refunds after 3rd scheduled class	<p align="center">FOR OFFICE USE ONLY</p>
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<p>PAYMENT/AUTHORIZATION INFORMATION FOR CREDIT CARDS:</p> Card Number: _____ Expiration Date: _____ Billing Zip Code: _____ TOTAL DUE: \$ _____ AMOUNT PAID: \$ _____ DATE: _____	
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On Tuesday October 9, 2018 or Wednesday October 10, 2018

_____ **YES**, my child will participate in the Protecting God's Children lesson.

_____ **NO**, my child will NOT attend class on October 9th/10th 2018 and I will not bring my child to class on this date. If I bring my child to class, I am authorizing his/her participation in the lesson.

Student Name

Class/Catechist

Student Name

Class/Catechist

Student Name

Class/Catechist

Parent's name (printed):	
Parent's Signature:	
Date:	

For more information: <https://virtusonline.org/virtus/index.cfm?>