

**St. Louis Catholic Church
Religious Education Registration
7270 SW 120th Street Miami, FL 33156**

Mr. & Mrs.____ Dr. & Mrs.____ Mr. & Dr.____ Drs.____ Mr.____ Mrs.____ Miss.____ Ms.____

Family Names		
Address:		
City, State Zip		
Home Phone:		
Mom's cell #:		
Dad's cell #:		
Family email address:		
Add'l email address:		
Is your family registered at St. Louis? Yes/ No	Preferred Language:	English/Español

REQUIRED if parents are divorced or separated and custody is shared by both parents.

Other Parent, if shared custody:	
Address:	
Home Phone:	
Cell Phone:	
Email Address:	

Child's Full Name	Age	Birthdate	Gender

Sacraments Completed: Please check all that apply:
 Baptism Catholic? Eucharist Reconciliation Confirmation

2017-2018 Grade _____

K - 6th Grade: _____ **Mon** _____ **Tues** _____ **Wed** _____ **Sunday Family Catechesis** (English or Spanish) Circle One:

7th-12th Grade:	Confirmation (Year 2) Sun 4:30pm _____ Wed 7:00pm _____	New Life 9th-12th Gr. Youth Group Wed 7:30pm _____ NO REGISTRATION FEE	ROCK 7th-8th Gr. Youth Group Tue 7:30pm _____ 8th Grade-Year 1 Confirmation
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Name of School _____

Previous Religious Education: Where? Years? _____

Special needs: medical, allergies, learning disabilities, physical disabilities, other: _____

CCD Office Use only:

Tuition Due: _____ **Tuition Paid:** _____

Notes:

Emergency contact: Please complete the following authorization form with the names of emergency contacts that will be contacted by the CCD office, if the parents/guardians cannot be located. You authorize St. Louis Catholic Church to transport child to an emergency room in the event of accident or sickness. The parents are responsible for all the medical expenses incurred during this emergency. List two (2) persons in priority order:

Name _____	Relationship _____	Phone _____
		Cell _____
Name _____	Relationship _____	Phone _____
		Cell _____
Family Doctor Name: _____		Phone: _____

List the Names of Authorized persons to pick up your child from CCD on class days

Parents/Guardians are responsible to notify us of any changes to this information.

Parental Consent Form for Media Release

We encourage the whole family to enjoy pictures and videos of our children's prayer, singing and Gospel plays

YES, my child's photograph/video may be reproduced and released for educational purposes.

NO, my child's photograph/video may not be reproduced or released.

I understand that by selcting NO, my child may not participate in the Gospel Play, Rosary, or other activities.

Touching Safety Program

Teaching children to protect themselves is part of the mandate of the Charter for the Protection of Children and Young People adopted by the United States Conference of Catholic Bishops in June 2002.

During the school year we will teach the lesson on "Touching Safety" for all grades. This lesson is merely to reinforce what you teach at home. Materials for parents are available in the Religious Education Office and at www.virtusonline.org

YES, my child may attend the Touching Safety program.

NO, my child may not attend the Touching Safety program.

Policies and Procedures

I agree to adhere to the policies and procedures set forth by the St. Louis Religious Education Program and the Archdiocese of Miami. I understand that all policies whether written or verbal are subject to change at the sole discretion of the program. A copy of the policies and procedures may be found at http://www.stlcatholic.org/forms/Family_Guide.pdf

Parent's Signature: _____

Date: _____

Print Name: _____

Can we include you in our list of volunteers? If so, please indicate how you would like to help:

Teacher _____ **Classroom Assistant** _____ **Office Help** _____ **Miscellaneous** _____