

St. Alphonsus and St. Patrick Parish Religious Education APPLICATION 2025 - 2026

CHILD(REN)'S LAST NAME: _____ Date: _____

Father (Full Name): _____ Mother (Full/Maiden): _____

ADDRESS _____ CITY _____ ZIP _____

PHONE 1 _____ PHONE 2 _____

E-MAIL 1 _____ E-MAIL _____



| | NAME | GRADE IN SEPT. 2025 | GRADE YOU ARE <u>REGISTERING</u> FOR RE in 2025 | DOB | PREVIOUS RELIGIOUS ED Grades/Place |
|----|-------|------------------------|---|-------|---------------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

Please circle:

Yes No Does your child have any challenge that we should be aware of?
Specify _____

Yes No Is your child receiving any special services in school?
Specify _____

Yes No Does your child take any medications?
Specify _____

Yes No Does your child have any food allergies?
Specify _____

IF YOU HAVE A CHILD, OR CHILDREN, RECEIVING A SACRAMENT (2nd and 8th Graders ONLY):

1. Candidate's Full Baptismal Name: _____

Age: _____ Date of Birth: _____ Date of Baptism: _____

Parish of Baptism: _____

Address of Parish of Baptism: City _____ State _____ Zip Code _____

***** Please attach a copy, or copies of, of your child's/children's Baptismal Certificate(s) *****

IF YOU HAVE A CHILD, OR CHILDREN, RECEIVING A SACRAMENT (2nd and 8th Graders ONLY)
(continued):

2. Candidate's Full Baptismal Name: _____

Age: _____ Date of Birth: _____ Date of Baptism: _____

Parish of Baptism: _____

Address of Parish of Baptism: City _____ State _____ Zip Code _____

***** Please attach a copy, or copies of, of your child/children's Baptismal Certificate(s) *****

MEDICAL RELEASE

If the undersigned, or my authorized physician, cannot be reached and in the judgment of the Director of Religious Education, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Parent/Guardian Signature

Date

If parents are divorced or separated, we presume that both parents have access to the children unless one parent can provide evidence that he or she has the sole right. If there is a parent who should not have access to the child(ren), then the custodial parent must provide a court certified copy of the custody section of the divorce decree (or separation agreement).

PHOTO DISCLAIMER

We take photos of students in the classrooms and at special events. We may publish the photos in the bulletin, on flyers, or on our website. Please indicate your permission to publish your child(ren)'s photo by signing below.

Parent/Guardian Signature

Date

MINISTRY OF CATECHESIS INQUIRY

We will have the need for new catechists this upcoming school year. It is an opportunity for your own personal enrichment and the development of your children's faith. If you feel a pull toward this ministry, and would like to find out more about it, please check one of the selections below:

_____ Yes, I would like to learn more about becoming a catechist.

_____ Yes, I would like to learn more about becoming a catechist-aide.

Parent/Guardian Signature

Date