CARROLL CATHOLIC RELIGIOUS EDUCATION REGISTRATION 2025-2026

| Family Name | | | | | | Parish | | | | | |
|---------------------------|------------------|-----------------|---------------|-----------------|----------------|------------------------------|----------------------------------|--------------|------------|---------|--|
| | | | | | | | | | | | |
| Child's Name | | | Birth | Grade | Baptism | & 9 th graders) | Sacraments Received (check) | | | | |
| First | Middle | Last | Date | in Fall | Date | Church | City, State | Reconcil. | Comm | Confirm | |
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| | | | | | | | | 1 | | | |
| Please attach | any other helpfu | l information s | uch as medica | l conditions | s, special lea | arning needs, step | -parents | <u> </u> | | | |
| Name of Head of Household | | | | | | Name of other parent | | | | | |
| Religion | Religion | | | | | Religion | | | | | |
| Workplace | | | | | Work | Workplace | | | | | |
| Cell/Work Phone | | | | | Cell/V | Cell/Work Phone | | | | | |
| E-mail Address | | | | | Marit | Marital Status | | | | | |
| Address | dress | | | | | Mom's Maiden Name: | | | | | |
| City | Carroll | | | Zip | | | | | | | |
| | | | | | | | | | | | |
| CCRE is o | nly possible b | | | | | CCRE the bes | st possible prog * Thank you. | gram for o | our chil | dren. | |
| | Catecl | hist for grade | es | | | Substitu | ute teach grades | | | | |
| | Aid for grades | | | | | Supervise playground at 3:20 | | | | | |
| | Create | e tokens of A | ppreciation | for catech | ists | Superv | ise parking lot a | t 6:45 | | | |
| Tuition is S | \$60 a child (re | gistered bef | ore August | 15) <u>(Lat</u> | te Registra | ution is \$70.) | Contact me | e about fina | ncial aid. | | |
| Date: | Fees | | Paid | ι | J npaid | | Will Pay Balaı | Balance By | | | |

| Please attach any other helpful information such as medical conditions, special learning needs, step-parents |
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| Photograph and Video Consent: |
| From time to time, pictures and video may be taken of CCRE events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, social media pages, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted, please contact the ministry coordinator or webmaster, and they will promptly be removed. |
| I/We, the parent(s)/guardian(s) of the youth above authorize and give full consent, without limitation or reservation, to St. John Paul II Parish and the Diocese of Sioux City to publish any photograph or video in which the above named student appears while participating in any program associated with St. John Paul II Parish ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future. |
| Parent/Guardian: Date: |
| Student: Date: |