

# ST. CORNELIUS CHURCH Parish

## Religious Education Program

### 2025-2026 Registration Form

For Office Use Only			
Family Name		Parish ID #	
Total Due	Amount Rec'd	Date	Check #
Amount		Notes	

#### INSTRUCTIONS

1. Please complete **both sides** of this form and return to the Parish Life Center along with your registration fee.
2. **First time registrants:** if your child was baptized or received their First Eucharist in a Church other than St. Cornelius please submit a copy of their Sacrament Certificates with the completed registration form.

#### CHILD(REN) INFORMATION

FIRST CHILD			
Name (First Middle Last)		Sex (M/F)	Date of Birth
Name of Day School		2025-2026 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
First time registrants, please provide the date and location of your child's Sacraments below			
Baptism (date, parish/town)		First Penance (date, parish/town)	First Eucharist (date, parish/town)
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino			
Race: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer			
SECOND CHILD			
Name (First Middle Last)		Sex (M/F)	Date of Birth
Name of Day School		2025-2026 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
First time registrants, please provide the date and location of your child's Sacraments below			
Baptism (date, parish/town)		First Penance (date, parish/town)	First Eucharist (date, parish/town)
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino			
Race: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer			
THIRD CHILD			
Name (First Middle Last)		Sex (M/F)	Date of Birth
Name of Day School		2025-2026 Grade in School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
First time registrants, please provide the date and location of your child's Sacraments below			
Baptism (date, parish/town)		First Penance (date, parish/town)	First Eucharist (date, parish/town)
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino			
Race: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer			

#### FAMILY INFORMATION

Family Name		Home Phone #	
Address (Street, City, Zip)			
Father's Name		Mother's First and Preferred Last Name (Maiden Name)	
Father's Religion		Mother's Religion	
Father's Cell #		Mother's Cell #	
Email Addresses for PREP correspondence (please provide at least one)			
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <b>Student Resides with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

Are there any custody/legal issues we should be aware of? ☐ Yes ☐ No If yes, please explain:

(A copy of latest Custody Order must be submitted to the Director of Religious Education before the first class session.)

### MEDICAL/LEARNING INFORMATION

I give permission that, in my absence, my child(ren) whose name(s) appear on this registration form may receive emergency medical care for injuries and all situations that should occur while participating in the Parish Religious Education Program and activities at St. Cornelius Church.

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

To help ensure your child(ren)'s wellbeing, please complete the box below, providing details as applicable.

Child's First Name	Medical Conditions/Allergies / *Disability (see IDEA definition below)	IEP/504	Vaccinations Current
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Information:** Please provide any other information about your child that we should be aware of (e.g., IEP/504 details, medications, immunization exemptions, custody concerns, etc.)

**\*\* IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

**PHOTO PERMISSION:** I give permission for my child(ren)'s picture to appear on the parish website, bulletin, be streamed during sacraments or other media in relation to events that happen in the Parish Religious Education Program. ☐ Yes ☐ No

### EMERGENCY CONTACT INFORMATION

In the event of an emergency, if we are unable to contact the parent/legal guardian, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Nbr: \_\_\_\_\_

### AUTHORIZED PICK-UP INFORMATION

In addition to the parents/legal guardians of the child(ren), please list the individual(s) who are authorized to pick up the children from the program. If part of a carpool, please indicate that on the relationship line.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### REGISTRATION INFORMATION

**Registration Fee is as follows:**

**Full Year Program: \$200.00** for the first child; **\$75.00** for each additional child. Fees are Non-Refundable. **Registration Deadlines:** Full Year pgm – August 24, 2025

After the deadline, students will be admitted if class size permits. Classes are filled on a first-come basis and may fill up.

Please indicate your preferred class option(s) and priority (1, 2):

- ☐ **Tuesdays (5:00-6:00 am, grades 1, 2 & 7)**
- ☐ **Virtual ( 3 – 6 Only, No Sacrament Years)**

By your signature below, you affirm and accept the policies and procedures of the Parish Religious Education Program, including those listed in the Family Handbook, attendance at weekly Mass, and volunteering as your schedule permits.

\_\_\_\_\_  
Printed Name of person completing the registration

\_\_\_\_\_  
Signature of person completing the registration

\_\_\_\_\_  
Relation to child(ren)

\_\_\_\_\_  
Date