

PLEASE PRINT

If student's last name is different than the family name, please indicate the name here:

MOTHER'S NAME: _____ Catholic? Yes _____ No _____ If no, what religion? _____

First Maiden Last

FATHER'S CELL PHONE: () MOTHER'S CELL PHONE: ()

FAMILY E-MAIL ADDRESS _____

FEES:	1st Year Fee	\$175.00 PER CHILD
	2nd Year Fee:	\$250.00 PER CHILD

CHILDREN ENROLLING IN RELIGIOUS EDUCATION:

CHECK SACRAMENTS RECEIVED

First Name	M.I.	Last Name	Birth date	Grade (Fall'25)	Name of School	Baptism**
1)						YES _____ NO _____ CERT ON FILE AT SMT _____
2)						YES _____ NO _____ CERT ON FILE AT SMT _____
3)						YES _____ NO _____ CERT ON FILE AT SMT _____

****New students must submit a copy of their Baptism Certificate with the enrollment form.**
Re-enrolling families please indicate if certificates have been submitted and are on file.

In enrolling our student(s), we agree that every effort will be made to maintain consistent attendance, prompt arrival, and adherence to class rules. Most of all, being our children's primary religion teachers we agree to reinforce at home the religious formation and practice of our children by our interest, example, and by attending Sunday Mass regularly.

Date _____

-ENROLLMENT FORM CONTINUES ON BACK-

EMERGENCY DATA AND CONSENT:

Please list child's name along with any medical problems the Religious Education Staff should be aware of:(e.g. allergies, epilepsy, ADD etc.)

_____ On regular medication? No__ Yes__ Name(s) of medication:_____

Emergency/ Earthquake/Disaster Contact Information:

1. Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____ Cell Phone: _____

I understand that the school and church do not assume responsibility for payment of physicians. However, in a medical/disaster emergency, the Office of Religious Education may choose treatment by paramedics or a physician. In an emergency, I give the Office of Religious Education permission to have my child/children receive medical treatment. In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to parent/guardian or those adults listed above.

My signature below ensures that I have read and agree to the emergency procedures stated above. It also assures that I have notified each of the emergency contact persons regarding this permission. This consent will be valid and effective from the date signed by me through May 2027.

Signature of Parent or Legal Guardian

Date

Return this completed & signed enrollment form with a check to:

Saint Martin of Tours
ATTN: RELIGIOUS EDUCATION PROGRAM
11967 W. Sunset Blvd. Los Angeles, CA 90049

Upon receipt of form, your child(ren) will be enrolled in the 2025-2026 year.

TOTAL PAID \$_____

Check # _____ Cash _____

**No family will be turned away because of inability to pay the fee.
Please notify us if this is your situation.*