

# - Religious Education Registration

1000 Michigan Ave , Marysville, MI 48040

**Term:** 2024 - 2025

## FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, St, Postal: \_\_\_\_\_

Father's Cell / Work: \_\_\_\_\_ Father Religion: \_\_\_\_\_

Mother's Cell / Work: \_\_\_\_\_ Mother Religion: \_\_\_\_\_

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_  Reconciliation: \_\_\_\_\_

Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities etc):

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_  Reconciliation: \_\_\_\_\_

Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

**ST. CHRISTOPHER CHURCH**

**RELIGIOUS EDUCATION**

1000 Michigan Avenue Marysville, MI 48040

Main Office: 364-4100

Greg Crachiolo, Coordinator of Religious Education: [gcrachiolo@stchrismi.org](mailto:gcrachiolo@stchrismi.org)

If information needs to be mailed to a non-custodial parent or guardian,

Please give name/address. \_\_\_\_\_

\_\_\_\_\_

**I am willing to coordinate monthly family activity \_\_\_\_\_,**

**be a catechist \_\_\_\_\_, teacher's aide \_\_\_\_\_**

**substitute catechist \_\_\_\_\_, office aide \_\_\_\_\_**

\* I have filled out the information on the reverse side.

\* I have indicated any health problems or allergies for each child.

\* I understand that RE is only a small part of Faith Formation and that it is very important and necessary that I bring my child to Mass regularly.

\* I give permission for a St. Christopher staff/catechist/volunteer to take photos of my child for the reasons I have indicated below:

To share with the student's parent.

To post on St. Christopher's website.

To use in St. Christopher's Sunday paper.

To frame and hang throughout St. Christopher's school/ church.

Parent Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Fees: \$100.00 per family.

2 Children: \$130.00

3 Children: \$160.00

4 Children \$190.00

Total Due: \$ \_\_\_\_\_

Check \_\_\_\_\_

Cash \_\_\_\_\_