

**Religious Education
Registration Form 2025-2026**

Date: ____ / ____ / ____

Choice of Program	Faith Formation Monday 6 - 7:15 p.m. <input type="checkbox"/>	Faith Formation Sunday 9 - 10:15 a.m. <input type="checkbox"/>	Early Childhood Sunday 9 - 10 a.m. <input type="checkbox"/>	Adaptive Program Sunday 9 - 10 a.m. <input type="checkbox"/>	Teen Seekers Wednesday 7 - 8:30 p.m. <input type="checkbox"/>
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Student/s information (Please fill out a box for every child)

Child 1 - Full Name: _____ DOB: ____ / ____ / ____
(As indicated on the birth certificate)

Gender: ☐ Male ☐ Female Returning Student: ☐ Yes ☐ No

Is the child relieving a sacrament this year? ☐ Yes ☐ No Which one: _____

Did you turn in the following certificates?: ☐ Birth Certificate ☐ Baptism Certificate ☐ 1st Com. Certificate
(Only check off the certificates that were turned in)

Child 2 - Full Name: _____ DOB: ____ / ____ / ____
(As indicated on the birth certificate)

Gender: ☐ Male ☐ Female Returning Student: ☐ Yes ☐ No

Is the child relieving a sacrament this year? ☐ Yes ☐ No Which one: _____

Did you turn in the following certificates?: ☐ Birth Certificate ☐ Baptism Certificate ☐ 1st Com. Certificate
(Only check off the certificates that were turned in)

Child 3 - Full Name: _____ DOB: ____ / ____ / ____
(As indicated on the birth certificate)

Gender: ☐ Male ☐ Female Returning Student: ☐ Yes ☐ No

Is the child relieving a sacrament this year? ☐ Yes ☐ No Which one: _____

Did you turn in the following certificates?: ☐ Birth Certificate ☐ Baptism Certificate ☐ 1st Com. Certificate
(Only check off the certificates that were turned in)

Child 4 - Full Name: _____ DOB: ____ / ____ / ____
(As indicated on the birth certificate)

Gender: ☐ Male ☐ Female Returning Student: ☐ Yes ☐ No

Is the child relieving a sacrament this year? ☐ Yes ☐ No Which one: _____

Did you turn in the following certificates?: ☐ Birth Certificate ☐ Baptism Certificate ☐ 1st Com. Certificate
(Only check off the certificates that were turned in)

Does your child have a medical condition, food of other allergy, or reading, sight, hearing, coordination of any other kind of problem or disability of which we should be aware? If yes, please describe below. ☐ Yes ☐ No

Who: _____

Parent / Guardian 1: _____ Phone Number: (_____) _____ - _____
Email: _____

Parent / Guardian 2: _____ Phone Number: (_____) _____ - _____
Email: _____

Parental Status: ☐ Catholic Marriage ☐ Civil Marriage ☐ Separated ☐ Divorced ☐ Single ☐ Living Together

Child(ren) address: _____
Street City, State, Zip code

Who does the child(ren) live with?: ☐ Both Parents ☐ Mother ☐ Father ☐ Other / Who: _____

Are you a registered parishioner? ☐ Yes ☐ No Would you like to be registered? ☐ Yes ☐ No

Emergency Contact: _____ Relationship: _____ Ph.#: (_____) _____ - _____

If you have any questions, please call the Faith Formation office at (708) 352 - 2383 or email Norma Hernandez (nhernandez@stcletusparish.com).