

St. Elizabeth Ann Seton Catholic Church
RELIGIOUS EDUCATION REGISTRATION: 2018 – 2019
New Student Information

Student Name: _____ Date of Birth: ____/____/____
(LAST NAME) (FIRST NAME)
 Family Last Name, if different: _____ Phone #: _____
 Gender: Female Male Age: _____ Place of Birth: _____
 Ethnicity: _____ Language: _____
 School grade 2018-2019 _____ Name of School: _____

Special Needs: _____

Sacrament Information for students enrolling in St. Elizabeth Ann Seton Religious Education Program

A COPY OF SACRAMENTAL CERTIFICATES IS REQUIRED WITH REGISTRATION Rec'd _____

Baptism: Yes No _____ Date: ____/____/____
Church Name City and State (Country)

Baptized Roman Catholic? Yes No

Reconciliation: Yes No _____ Date: ____/____/____
Church Name City and State (Country)

1st Communion: Yes No _____ Date: ____/____/____
Church Name City and State (Country)

PLEASE SUBMIT CERTIFICATES OF BAPTISM, RECONCILIATION AND FIRST COMMUNION

Class assignments can NOT be changed after classes begin.
 Please select days/times considering other commitments and activities.

Indicate 1st, 2nd and 3rd choice of day/time:

Class schedules:

___ Sunday: 12:45pm – 2:00pm: Kindergarten through Confirmation 2
 Includes 2nd year Eucharist Preparation for Grades 4th & higher

___ Monday: 4:00pm – 5:15pm: Kindergarten through 5th Grade

___ Monday: 7:00pm – 8:15pm: 6th Grade, Confirmation 1 and Confirmation 2

___ Tuesday: 4:45pm – 6:00pm: 1st Grade through 5th Grade

___ Tuesday: 7:00pm – 8:15pm: 6th Grade, Confirmation 1 and Confirmation 2

CATECHIST/CLASS REQUEST:

Requests will be honored on a space availability basis. Class assignments will not be changed after classes begin.

Requested Catechist and/or class: _____

St. Elizabeth Ann Seton Catholic Church

1401 Coral Ridge Drive, Coral Springs, FL 33071 Phone: 954-345-7071. Fax: 954-753-8442. email: setonre@aol.com

RELIGIOUS EDUCATION FAMILY REGISTRATION FORM 2018-2019

“With God All Things Are Possible” ~ March 10:27

COMPLETE ONE PER FAMILY - PLEASE PRINT ALL INFORMATION

Family Last Name: _____ Parish Envelope ID #: _____ Active member? Yes ___ No ___
Street Address: _____ City: _____ State: ___ Zip Code: _____
Home Phone Number: _____ Email address: _____ @ _____
Salutation: ___ Mr. & Mrs. ___ Dr. & Mrs. ___ Dr. & Mr. ___ Mrs. ___ Mr. ___ Ms. ___ Miss ___ Other _____

Parent/Guardian Information :

Mother/Guardian Name: _____	Father/Guardian Name: _____
Relationship to child: _____	Relationship to Child: _____
Occupation: _____	Occupation: _____
Cell phone: _____	Cell phone: _____
Work phone: _____	Work phone: _____
Religion: _____ Marital Status: _____	Religion: _____ Marital Status: _____

I, as the parent/guardian and my child agree to abide by the rules of St. Elizabeth Ann Seton Religious Education Program as outlined in the Religious Education handbook. I hereby grant to St. Elizabeth Ann Seton parish the right to use my child's photo likeness for parish publications and distribution.

Parent Signature: _____ Date: ___/___/___

Parent Signature: _____ Date ___/___/___

I, _____ am interested in being considered as a volunteer for: Catechist ___ Aide ___ Other ___

ST. ELIZABETH ANN SETON TUITION & FEES

Registered/Active & Contributing Families: \$130/year/family*
Registered/Inactive & Non-Contributing: \$275/year/family*
First Eucharist Sacrament Fee: \$35/student
Confirmation 2 Sacrament Fee: \$35/student
***Late fee of \$25 applies after Sept. 3, 2018**

FOR OFFICE USE ONLY

Number of Students enrolled: _____
Tuition: \$ _____
Sacrament Fees: \$ _____
Total: \$ _____
Amount paid at registration: \$ _____
\$50 minimum payment is required to register students
Balance due: \$ _____

___ Cash ___ Credit Card ___ Check #: _____

Credit Card # _____ Exp Date: _____ Signature: _____

***Tuition includes a \$25 non-refundable registration fee. No refund of tuition after Nov. 1st.**

2018/2019 St. Elizabeth Ann Seton FAMILY EMERGENCY CONTACT FORM

Student Last Name: _____ Family Last Name if different: _____

Students Names: 1. _____ 3. _____

2. _____ 4. _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email address: _____ @ _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____ Phone: _____

PERSONS OTHER THAN PARENTS PERMITTED TO PICK UP STUDENTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PERSONS NOT PERMITTED TO PICK UP STUDENTS:

Name: _____ Name: _____

Photography Release:

Throughout the year photographs are taken of students participating in St. Elizabeth Ann Seton Religious Education programs.

Your permission is requested to use your child's photograph for parish publications.

I hereby grant to St. Elizabeth Ann Seton parish the right to use my child's photographic likeness in print for parish publication.

Parent Name: _____ Parent Signature: _____ Date: ___/___/___

Special health concerns, allergies, etc. **Please indicate symptoms and what should be done:**

Student Name: _____ Health concern/action to be taken: _____

Student Name: _____ Health concern/action to be taken: _____