



# St. Mary Magdalen Parish Religious Education Program

2011 - 2012- Grades K-5<sup>th</sup> - Application Returning Families

Today's Date: \_\_\_\_\_

Family Info

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_ Children Live with:  Both Parents  Mother  Father

Legal Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1  Home  Cell  Work Phone 2  Home  Cell  Work Emergency Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred language for calls/mailings :  English  Spanish Prefer:  Letters  E-mail

Wednesday 4:00 - 5:30pm  Saturday 9:15 - 10:45am

Child 1

**Child 1 Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2011-12 School Name** \_\_\_\_\_ Check **2011-12 grade** below:  
 K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Last Year of Religious Ed \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Completed Sacraments**

Baptism  Reconciliation

1<sup>st</sup> Communion  Confirmation

*Sacramental registration is completed on a separate form.*

Would you like to share any academic/medical/social needs that will help your child's catechist create the most positive environment for them?  
 \_\_\_\_\_

Child 3

**Child 2 Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2011-12 School Name** \_\_\_\_\_ Check **2011-12 grade** below:  
 K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Last Year of Religious Ed \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Completed Sacraments**

Baptism  Reconciliation

1<sup>st</sup> Communion  Confirmation

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Would you like to share any academic/medical/social needs that will help your child's catechist create the most positive environment for them?  
 \_\_\_\_\_

**Child 3 Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2011-12 School Name** \_\_\_\_\_ Check **2011-12 grade** below:  
 K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Last Year of Religious Ed \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Completed Sacraments**

Baptism  Reconciliation

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Would you like to share any academic/medical/social needs that will help your child's catechist create the most positive environment for them?  
 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**For Office Use Only:**

**Tuition Information:**

**Payment Completed:**  Yes  No

**Payment Type:**  cash  check  credit card

Check # \_\_\_\_\_ Amount: \_\_\_\_\_

1 Child: \$60 2 Children: \$80 - 3+Children: \$100

**Notations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_