**Saints John & Sebastian Churches**

**Religious Education Student Registration Form**

**2023-24**

**Parent/Guardian Information**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Parish do you attend: [ ]  St. John Church [ ]  St. Sebastian Church Envelope # \_\_\_\_\_\_\_

My child/children have attended Religious Education [ ] Yes [ ]  No

If Yes, Name of Parish and Year(s) Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

**Student Enrollment Information**

Child 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date of Birth | Grade | Baptized (Y/N)\* | Penance (Y/N)\* | Eucharist (Y/N)\* |
| Child 1 |  |  |  |  |  |
| Child 2 |  |  |  |  |  |
| Child 3 |  |  |  |  |  |
| Child 4 |  |  |  |  |  |

\*If any sacrament listed above was not received at either parish, please indicate church name above. Please also provide a copy of those sacrament certificates as well.

Please list any learning disabilities that the classroom teacher should be aware of when working with your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and discussed the “CCD Religious Education Policies on Behavior” (see attached) with my child. I understand and will abide by these policies.

|  |  |  |
| --- | --- | --- |
|  | Child Signature | Parent Initials |
| Child 1 |  |  |
| Child 2 |  |  |
| Child 3 |  |  |
| Child 4 |  |  |

Amount Enclosed [ ]  $50 Student [ ]  $75 Family.

Please mail completed form and check payable to Saint Sebastian Church

155 Washington Street

Middletown, CT 06457

**All Documentation and Payments must be received no later than August 31, 2023.**

**Please note the following**

CCD Parents mandatory meeting on Tuesday, September 5th at 6 pm in Church Hall

Classes begin for grades 1, 4, 5, & 6 on Sunday, September 10 at 9:30 am in Church Hall.

For grades 2 & 3 on Monday, September 11th at 4:30 pm in Church Hall

For Confirmation I & II grades 7-8 on Monday, September 11th at 6 pm in Church Hall

--------------------------------------------------- **OFFICE USE ONLY** -------------------------------------------------------

Payment Amount: $\_\_\_\_\_\_ [ ]  Cash [ ]  Check

Initials of Form Reviewer: \_\_\_\_\_\_\_\_\_ Initials of Payment Receiver: \_\_\_\_\_\_\_\_