

# 2017-2018 SAINT GALL RELIGIOUS EDUCATION

Date: \_\_\_\_\_

CHILD'S FIRST NAME & LAST NAME	DATE OF BIRTH	GRADE 2017-2018	SCHOOL	HAS THIS CHILD RECEIVED			
				BAPTISM		EUCHARIST	

				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO

**Was your child baptized at St. Gall?    YES    NO**

**If your answer was NO we will need to have a copy of your child's baptism certificate for your family file.**

Does your child have any Special Needs (i.e.: educational, behavioral, or physical)    YES \_\_\_\_\_ NO \_\_\_\_\_

Food Allergies: \_\_\_\_\_

FIRST & LAST NAME

RELIGION

OCCUPATION

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Home Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

Father's Work #: \_\_\_\_\_      Mother's Work #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_      Mother's Cell #: \_\_\_\_\_

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

(Address, City, State, Zip)

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

Please mail all Religious Education material to: \_\_\_\_\_

Emergency Contact Person & Phone #: \_\_\_\_\_

I give my consent to Saint Gall Catholic Church to display/publish my child's photograph.

Yes \_\_\_\_\_ No \_\_\_\_\_      Signature: \_\_\_\_\_

I give my consent to Saint Gall Catholic Church to call or text my 1<sup>st</sup> - 2<sup>nd</sup> year Confirmation child.

Yes \_\_\_\_\_ No \_\_\_\_\_      Signature: \_\_\_\_\_      Child's Phone # \_\_\_\_\_

**Family Catechesis: (Please check all that apply):**

Eucharist Prep 1<sup>st</sup> Yr. \_\_\_\_\_ 2<sup>nd</sup> Yr. \_\_\_\_\_ Confirmation Prep 1<sup>st</sup> Yr. \_\_\_\_\_ 2<sup>nd</sup> Yr. \_\_\_\_\_

Full Initiation (child over the age of 7 needing Baptism) 1<sup>st</sup> Yr. \_\_\_\_\_ 2<sup>nd</sup> Yr. \_\_\_\_\_

Non Sacrament: K\_\_\_\_, 3<sup>rd</sup> \_\_\_\_\_, 4<sup>th</sup> \_\_\_\_\_, 5<sup>th</sup> \_\_\_\_\_, 6<sup>th</sup> \_\_\_\_\_, 7<sup>th</sup> \_\_\_\_\_, 8<sup>th</sup> \_\_\_\_\_

**\*Confirmation will ONLY be offered on Wednesday**

We prefer primarily to attend Wednesday evening class \_\_\_\_\_ or Thursday evening class \_\_\_\_\_

Preferred grade level for family faith instructional materials. \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Tuition Information: (We require a 25% deposit at the time of Registration, we can bill the remainder)**

\$75 per Parent & 1 Child and \$10 supply fee for each additional child.

Number of children \_\_\_\_\_ Total Due: \_\_\_\_\_

**Amount Paid**

\$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Date: \_\_\_\_\_

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\$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation Retreats**

1<sup>st</sup> Year Retreat \$30.00 Amount Paid \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Year Retreat \$90.00 Amount Paid \_\_\_\_\_ Date: \_\_\_\_\_