

Mother of Hope Religious Education Registration

Family Last Name

Parent Email

Mailing Address

City, State, Zip

Father's Name

Cell #

Mother's Name

Cell #

We can help with... (circle)

Teach/Co-Teach

Small Group Helper

Monitor Halls

Making bars/cookies when needed

Help at special events

Substitute Teach

Sunday School

Student Information:

First and Last Name	Birthday	Gender	Grade (Fall 2026)	Sacraments Received (Circle)
		M F		Baptism Eucharist Reconciliation
		M F		Baptism Eucharist Reconciliation
		M F		Baptism Eucharist Reconciliation
		M F		Baptism Eucharist Reconciliation
		M F		Baptism Eucharist Reconciliation

Please indicate if any child has serious medical conditions we should be aware of for their safety:

Religious Education Classes we will attend (Circle):

- St. Anne 1-6th Grade, 3:15-4:15pm
- St. Anne 7-12th Grade, 7-8pm
- St. Catherine 1-6th Grade, 5-6pm
- St. Catherine 7-12th Grade, 7-8pm

In the event of an emergency and you, the parent/guardian, can not be reached please list who you would prefer us to contact.

Emergency Contact: _____ Phone: _____

Relationship to student: _____

Tuition- We would appreciate all fees being paid by October 1, 2026. Please call if you have any questions.

\$40 per student (except grades 2 & 11)

\$45 per Sacrament student (grades 2 & 11)

\$100 family max.

**Please either mail or bring this registration form to the Parish Office. Registrations are due
August 31, 2026. (OVER)**

Mother of Hope Religious Education

St. Anne - Wabasso, MN 56293
St. Catherine - Redwood Falls, MN 56283

Photo/Video Release Form for 2026-2027 School Year

TO WHOM IT MAY CONCERN:

I herby give permission for my child(ren), stated below, to be photographed or videotaped at Religious Education. I realize that the photo may be published in the newspaper, a magazine, facebook, or other publication. The video may be used for educational or informational purposed regarding the program or curriculum in our AFC Religious Education.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Signed: _____ Date: _____

PARENT/LEGAL GUARDIAN PERMISSION FORM

My child, or children, have permission to be involved in the Religious Education Program at St. Anne, under the direction of its leadership.

If a medical emergency occurs, I herby give permission to transport my child, or children, to a hospital for emergency medical or surgical treatment. I understand I will be notified as soon as possible for any emergency concerning my child(ren).

Parent/Guardian Signature

Date

Family Medical Information:

Family Doctor: _____ Clinic: _____

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August 31, 2026.**