

# Religious Education – Children REGISTRATION FORM 2025-2026



St. Catherine Labouré  
CATHOLIC CHURCH

(Please complete one form per child)

SELECT GRADE LEVEL

Classes begin Sunday, September 28, 2025

☐ Sunday Preschool/Kindergarten: 3-4-5 years old during 9:30 a.m. Mass

☐ Elementary: Grade in 2025-2026 (circle one): 1 2 3 4 5

Classes meet on Sundays at 10:45 a.m. to 12:00 p.m. all grades 1<sup>st</sup>-5<sup>th</sup>

## **STUDENT INFO** (For first time registration, please provide copy of baptism certificate)

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

Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

Primary mailing address: \_\_\_\_\_

Has the student been Baptized? Yes / No If yes, where (parish)? \_\_\_\_\_

Has the student participated in First Reconciliation? Yes / No \_\_\_\_\_

Has the student received First Communion? Yes / No If yes, where (parish)? \_\_\_\_\_

Parish registered and/or attending \_\_\_\_\_

## **PARENT/GUARDIAN INFO**

**Father/Guardian:** First \_\_\_\_\_ Last \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mobile # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text: Y / N Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Religion (if not Catholic): \_\_\_\_\_ Email: \_\_\_\_\_

**Mother/Guardian:** First \_\_\_\_\_ Last \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mobile # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text: Y / N Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Religion (if not Catholic): \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to teach a class or assist a teacher in the classroom? Y / N

Would you like more information about Religious Education volunteer opportunities? Y / N

## **TUITION FEES**

\$100.00 Per student 1<sup>st</sup> Year

\$100.00 +\$25.00 total \$125.00 per child 2<sup>nd</sup> Year students for Sacrament Year 1<sup>st</sup> Communion

\$50.00 Post Sacrament (Have already received First Communion)

\$20.00 Requested donation per student materials fee for Sunday Preschool/Kindergarten class.

### **Payment Due at time of registration. Baptismal Certificate needed at registration**

Please complete the front and back of this form, attach payment made payable to **St. Catherine Labouré**. Mail payment and registration to: Religious Education Office, 4124 Mt. Abraham Ave, San Diego, CA 92111. To make payment online, visit [www.stcatherinelaboure.net](http://www.stcatherinelaboure.net), click DONATE ONLINE and go to "Payment" section to enter payment/student information. I will make a payment online: \_\_\_\_ Yes. I have enclosed payment with registration: \_\_\_\_ Yes.

## Medical Information and Emergency Release

*This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.*

**Medical/Special Needs/Allergies:** (Please list all medical or special needs, if none, write NONE)

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**Medications:** (Please list all known allergies, if none known, write NONE KNOWN)

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### Emergency Contacts (Other than parent/guardian)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Ph \_\_\_\_\_

### In Case of an Emergency

Family Doctor \_\_\_\_\_ Ph \_\_\_\_\_

Mom/Guardian Cell \_\_\_\_\_ Dad/Guardian Cell \_\_\_\_\_

## Authorization to enroll in Religious Education or Youth Ministry & Authorization to provide Medical Services and Release

**Parent/Guardian:** Do you authorize the enrollment of your child in the Religious Education or Youth Ministry Program including the sacrament program at St. Catherine Labouré Catholic Church? If you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities, immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you.

Parent/Guardian \_\_\_\_ Yes \_\_\_\_ No      Signature \_\_\_\_\_

### Authorization to Take, Release and Publish Photographs

**Parent/Guardian:** Do you authorize the staff of St. Catherine Labouré Catholic Church to photograph, publish and post photographs of your child participating in parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of student activities?

Parent/Guardian \_\_\_\_ Yes \_\_\_\_ No      Signature \_\_\_\_\_

### Office Use Only

Tuition Due \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ Date \_\_\_\_\_