

2026-2027 REGISTRATION: SENIOR HIGH RELIGIOUS EDUCATION CLASSES

Saint Elizabeth Ann Seton Parish

Held Monday evenings, 7:00-8:00 pm, Drop In held Thursday evenings 7:00 to 8:00pm

Classes begin September 14, 2026

Family name: _____

Parish in which you are registered: (Please check) ☐ Saint Elizabeth Ann Seton

☐ Other parish: _____

Father's FULL name:

_____ Religion: _____

Mother's FULL name, including MAIDEN NAME:

_____ Religion: _____

Family's address: _____

City _____ State _____ Zip code _____

Phone#: Home _____

Mobile #: **Mom:** _____ **Dad:** _____

E-mail address: _____

HIGH SCHOOL STUDENT(S) TO BE REGISTERED:

Student's FULL name:

Student prefers to be called?

Student's birthday: _____

School student attends: _____

Grade level: _____

Student has already received which sacraments? (Please check):

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Student's FULL name:

Student prefers to be called?

Student's birthday: _____

School student attends: _____

Grade level: _____

Student has already received which sacraments? (Please check):

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

OVER, PLEASE

HEALTH AND MEDICAL INFORMATION:

Are there any learning difficulties, allergies, medical conditions, or disabilities of which your child/children's teacher(s) should be aware?

EMERGENCY CONTACT PERSON(S), if parents cannot be reached:

Name: _____

Name: _____

Relation to student: _____

Relation to student: _____

Phone #: _____

Phone: _____

PICK-UP AUTHORIZATION:

If I am unable, I authorize the following person(s) to pick up my child/children at 7:00/8:30 pm from Parish Religious Education classes.

Name: _____

Name: _____

Relation to student: _____

Relation to student: _____

____ My child may drive him/herself to class.

SIGNATURE of Parent/Guardian: _____ **Date:** _____

PHOTO/VIDEO RELEASE:

As a Parish Community, it is important to recognize our students for their achievements. If the opportunity arises, please grant us permission to use your child's name and/or image.

____ I give permission to use my child/children's full name(s), photograph(s), and videotaped image(s) in publications, video productions, and/or on St. Elizabeth Ann Seton's internet web site.

____ I do not give permission for St. Elizabeth Ann Seton to use my child/children's photo and/or videotaped image on any publication or display.

Signature of Parent/Guardian: _____ **Date:** _____

High School Registration fees: \$20 for 1 student/\$30 for 2 children,\$40 FOR 3+ CHILDREN—payment for materials and supplies

Amount paid: _____

Check #: _____ Cash: _____ Date: _____