St. Rita's Religious Education Program

5124 Churchward Street, San Diego, CA 92114

(619) 264-4399

Date/Fecha

_____

REGISTRATION FORM
FORMA DE MATRICULACIÓN

CHILD 1 Student Last Name/Apellido	**First/**Nombre	**Middle/** Segundo nombre

[ ] Male [ ] Female	**Age/**Edad	**Birth Date/** Fecha de Nacimiento **mm/ dd/ yyyy** / /	**Birth City, State/**Lugar de Nacimiento

Grade/Grado	**School/** Escuela	**Attended previous Religious Education Class/**Atendió clases de catecismo Yes **[ ]** **No [ ]** **Year/**año

Circle all that apply. Favor de circular el que applique **Race/** Raza**?**

[ ]White/ Caucasian [ ] Hispanic/Latino [ ] Asian (Pacific Islander, Specify) _____

[ ] Black / African American [ ] Other /Otro_____

Received Baptism?/¿Recibió Bautizo? **[ ] Yes [ ] No** CHURCH/ Iglesia:	[ ] I would like to receive information in **English**
Received Communion?/¿Recibió Comunión? **[ ] Yes [ ] No** CHURCH/ Iglesia:	[ ] Quiero recibir información en **Español**

Special Needs, Learning Disabilities, Allergies? Specify/¿Problemas de aprendizaje, salud, alergias? Especificar

Address/Domicilio	**Apt. #**	**City/***Cuidad*	**Zip Code/***Código Postal*

Home Phone/Teléfono de Casa	**Parents' e-mail/**Correo Electrónico

Father's Name/Nombre del Padre	**Cell No./**# de Celular
Place of Work/Lugar de Trabajo	**Occupation/**Oficio/Profesión
Religion/Religión	**Have you received all Sacraments (father)?** ¿Ha recibido todos los Sacramentos? [ ] No [ ] Yes/Si

Mother's Maiden Name/Nombre de Soltera de la Madre	**Cell No./**# de Celular
Place of Work/Lugar de Trabajo	**Occupation/**Oficio/Profesión
Religion/Religión	**Have you received all Sacraments (mother)?** ¿Ha recibido todos los Sacramentos? [ ] No [ ] Yes/Si

Guardian (if applicable)/Nombre de Guardián	**Cell No./**# de Celular
Place of Work/Lugar de Trabajo	**Occupation/**Oficio/Profesión
Religion/Religión	**Have you received all Sacraments - guardian?** ¿Ha recibido todos los Sacramentos? [ ] No [ ] Yes/Si

Who gave Authorization?/¿Quien Dio Autorización?

State/Estado	**Court/**Corte	**Parents/**Padres

(Child 2) **Last Name/**Estudiante Apellido	**First/**Nombre	**Middle**

Sex/Sexo [ ] M [ ] F	**Age/**Edad	**Birth Date/** Fecha de Nacimiento **mm/ dd/ yyyy** / /	**Birth City, State/**Lugar de Nacimiento	**Race**/ Raza?

Grade/Grado **School/** Escuela	**Attended previous religious Education /**Atendió clases de catecismo **Y [ ] N [ ] Year**/año
Received Baptism?/¿Recibió Bautizo? [ ] **Y** [ ] **N** CHURCH/ Iglesia:	**Received Communion?**/¿Recibió Comunión? [ ] **N** [ ] **Y** CHURCH/ Iglesia:

Special Needs, Learning Disabilities, Allergies? Specify/¿Problemas de aprendizaje, salud, alergias? Especificar

(Child 3) **Last Name/**Estudiante Apellido	**First/**Nombre	**Middle**

Sex/Sexo [ ] M [ ] F	**Age/**Edad	**Birth Date/** Fecha de Nacimiento **mm/ dd/ yyyy** / /	**Birth City, State/**Lugar de Nacimiento	**Race**/ Raza?

Grade/Grado **School/** Escuela	**Attended previous religious Education /**Atendió clases de catecismo **Y [ ] N [ ] Year**/año
Received Baptism?/¿Recibió Bautizo? [ ] **N** [ ] **Y** CHURCH/ Iglesia:	**Received Communion?**/¿Recibió Comunión? [ ] **N** [ ] **Y** CHURCH/ Iglesia:

Special Needs, Learning Disabilities, Allergies? Specify/¿Problemas de aprendizaje, salud, alergias? Especificar

(Child 4) **Last Name/**Estudiante Apellido	**First/**Nombre	**Middle**

Sex/Sexo [ ] M [ ] F	**Age/**Edad	**Birth Date/** Fecha de Nacimiento **mm/ dd/ yyyy** / /	**Birth City, State/**Lugar de Nacimiento	**Race/** Raza?

Grade/Grado **School/** Escuela	**Attended previous religious Education /**Atendió clases de catecismo **Y [ ] N [ ] Year**/año
Received Baptism?/¿Recibió Bautizo? [ ] **N** [ ] **Y** CHURCH/ Iglesia:	**Received Communion?**/¿Recibió Comunión? [ ] **N** [ ] **Y** CHURCH/ Iglesia:

Special Needs, Learning Disabilities, Allergies? Specify/¿Problemas de aprendizaje, salud, alergias? Especificar

Office Use Only

Notes: _____

_____

_____

_____

Rel. Ed.-	**First Communion-**	**RCIC-**	**Total Fee-**
$ .00	**$ .00**	**$ .00**	**$ .00**

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Child Release Form/ Emergency Contacts

It is very important that we have 3 contact names and phone numbers in case of an emergency on file per the state of California. Please do not leave any blanks.

Contact #1:

Name:		Relationship to Child:
Address:		City:
Zip Code:	Home#: ( ) -	Cell#: ( ) -

Contact #2:

Name:		Relationship to Child:
Address:		City:
Zip Code:	Home#: ( ) -	Cell#: ( ) -

Contact #3:

Name:		Relationship to Child:
Address:		City:
Zip Code:	Home#: ( ) -	Cell#: ( ) -

- If your child gets picked up early from class, you must send a note in advance with the date, time, and name of person picking up child(ren). An aide will bring your child(ren) to the main hallway.

I, _____, the Parent/Guardian give I consent to my child being allowed to walk home on their own after Religious Education Classes.

I have explained to my child the safety aspects of walking home on their own.
I understand that it is the responsibility of parents, and not the Church, once my child has left the school premises

Financial Agreement/ Contrato Financiero

- Enrollment fees 1st. year $85.00 2nd year $125.00
- A **minimum non-refundable deposit of $85** is due at the time of registration.
- All Balances must be paid in full by 1st week of **September.**
- You will be charged a $25 fee for any returned checks.
- **Method of Payment Checks or Cash only**

I have completely read and fully understand the above financial agreement. If I do not comply, I am aware that my child(ren) may be dropped from the Religious Education Program.

Religious Education Classes

Price list (could vary by year)

*Note: For **Family Price** must be biological brothers/sisters*

Family members	1st. Year	2nd. Year
1	$85	$125
2	$110	$200
3	$120	$225
4	$140	$255

Total Children in **1st. Year**: _____

Total Children in **2nd. Year**: _____

Baptism Fee : _____

Total : $_____ Deposit : $_____ Balance: $_____

Signature :_____ Date:_____

Rules and Regulations for Religious Education

- Please bring your child's **Baptismal Certificate** and **Birth Certificate** (if is not baptized only Birth Certificate is required)
- A **non-refundable registration fee** of $85.00 is required at the time of registration and paid in full by 1st week of September.
- **Classes** are held on **Saturdays from 8:30 AM to 10:00 AM** .
- It is important **to check your child's folder every** week for monthly calendars, letters and notices.
- Only **TWO absences are allowed** during the school year.
- Please send an email or call the office when your child is absent. **Three tardies make one absence.**
- You are required to **attend a parent meeting** held throughout the year.
- You and your children are obliged to **attend Sunday Mass** on a weekly basis.
- It is your responsibility to **teach your children** their basic prayers at home**.**
- If for any reason you are unable to pay, you should contact the Religious Education Office (619) 264-4399 as soon as possible.
- All students will participate in an end-of-course evaluation.

Signature :_____ Date:_____

My Child received Baptism?

YES [ ] Church: _____
NO continue with next section

Section 2

If your child is **NOT Baptized** you will need additional requirements:

- A registered Parish sponsor is required.
- **Proof of the sponsor sacraments** (Baptism, First Communion and Confirmation)
- **Attend a Baptismal Class** (Parent and Sponsor) are available monthly please call the office for registration 619-264-3165
- **Attend Retreat and mandatory** parent meetings.
- Sacraments will be received during the **second year** of religious education on Holy Saturday.
- Baptism has an extra Fee.

Printed parent's Name: _____
Signature _____Date: _____

Acknowledgement for FC Classes

I'm affirming by putting my initials that my child and I as a parent/guardian we are able to complete the following requirements in order to complete **the two years of religious education** program:

	Be on time for class **every Saturday 8:30- 10:00 am** and send an email to us **to notify any absence** to let us know if will or not be excuse (Only *two absences are allowed, three tardiest will get one absence. Absences for School issues, games or trips are not considered for excuse)*
	Attend Sunday Mass every week
	Attend **Mandatory Parent Meeting** (Both parents are required preferable)
	Extra activities are required (living Rosary, Station of the Cross,) *these activities will help their journey of faith.*
	Help my child at home to **learn the prayers**.
	Registration fee is required every year
	Please consider not scheduling games or school activities for your child or sibling on Saturday that could affect the attendance.

Full parent name/Guardian: _____ Date: _____
Signature: _____