



**St. Rita's Religious Education Program**  
 5124 Churchward Street, San Diego, CA 92114  
 (619) 264-4399

Date/Fecha

**REGISTRATION FORM**  
**FORMA DE MATRICULACIÓN**

|   |                 |  |   |                               |
|---|-----------------|--|---|-------------------------------|
| <b>CHILD 1 Last Name/Estudiante Apellido</b>  |                 | <b>First/Nombre</b>  |   | <b>Middle/ Segundo nombre</b> |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <b>Age/Edad</b> | <b>Birth Date/ Fecha de Nacimiento</b><br><b>mm/ dd/ yyyy</b><br>/ /   | <b>Birth City, State/Lugar de Nacimiento</b>  |                               |
| <b>Grade/Grado</b>  |                 | <b>School/ Escuela</b>   | <b>Attended previous Religious Education Class/Atendió clases de catecismo</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Year/año</b> |                               |
| <b>Circle all that apply. Favor de circular el que applique Race/ Raza?</b><br><input type="checkbox"/> white/ Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Filippino <input type="checkbox"/> Samoan <input type="checkbox"/> Chinesse <input type="checkbox"/> Vietnamis <input type="checkbox"/> Asian<br><input type="checkbox"/> Indian <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> other /otro |                 |  |   |                               |
| <b>Received Baptism?/¿Recibió Bautizo?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>CHURCH/ Iglesia:   |                 |  | <input type="checkbox"/> I would like to receive information in <b>English</b>  |                               |
| <b>Received Communion?/¿Recibió Comunió?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N<br>CHURCH/ Iglesia:  |                 |  | <input type="checkbox"/> Quiero recibir información en <b>Español</b>   |                               |
| <b>Special Needs, Learning Disabilities, Allergies? Specify/¿Problemas de aprendizaje, salud, alergias? Especificar</b>   |                 |  |   |                               |
| <b>Address/Domicilio</b>  |                 | <b>Apt. #</b>  | <b>City/Cuidad</b>  | <b>Zip Code/Código Postal</b> |
| <b>Home Phone/Teléfono de Casa</b>  |                 | <b>Parents' e-mail/Correo Electrónico</b>  |   |                               |
| <b>Father's Name/Nombre del Padre</b>   |                 | <b>Cell No./# de Celular</b>   |   |                               |
| <b>Place of Work/Lugar de Trabajo</b>   |                 | <b>Occupation/Oficio/Profesión</b>   |   |                               |
| <b>Religion/Religión</b>  |                 | <b>Have you received all Sacraments (father)?</b><br>¿Ha recibido todos los Sacramentos? <input type="checkbox"/> No <input type="checkbox"/> Yes/Si   |   |                               |
| <b>Mother's Maiden Name/Nombre de Soltera de la Madre</b>   |                 | <b>Cell No./# de Celular</b>   |   |                               |
| <b>Place of Work/Lugar de Trabajo</b>   |                 | <b>Occupation/Oficio/Profesión</b>   |   |                               |
| <b>Religion/Religión</b>  |                 | <b>Have you received all Sacraments (mother)?</b><br>¿Ha recibido todos los Sacramentos? <input type="checkbox"/> No <input type="checkbox"/> Yes/Si   |   |                               |
| <b>Guardian (if applicable)/Nombre de Guardián</b>  |                 | <b>Cell No./# de Celular</b>   |   |                               |
| <b>Place of Work/Lugar de Trabajo</b>   |                 | <b>Occupation/Oficio/Profesión</b>   |   |                               |
| <b>Religion/Religión</b>  |                 | <b>Have you received all Sacraments - guardian?</b><br>¿Ha recibido todos los Sacramentos? <input type="checkbox"/> No <input type="checkbox"/> Yes/Si |   |                               |
| <b>Who gave Authorization?/¿Quien Dio Autorización?</b>   |                 |  |   |                               |

**Authorization Form/ Emergency Contacts**

**Family name:** \_\_\_\_\_

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.

**FILL OUT THIS SECTION ONLY IF YOU REQUEST A PERMIT YOUR CHILD TO WALK ALONE**

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.

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

# St Rita's Religious Education Program

## Financial Agreement/ Contrato Financiero

**Family name:** \_\_\_\_\_

- Enrollment fees **1<sup>st</sup>. year \$85.00** and for **2<sup>nd</sup> 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 **September 06, 2025.**
- You will be charged a \$25 fee for any returned checks.
- **Method of Payment Checks or Cash only**

$$\text{Total Amount} \quad (\text{minus}) \quad \text{Deposit} = \text{Remaining Balance Due}$$

**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.**

### Price list for 2025-2026

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

| <i>Family members</i> | 1st. Year | 2nd. Year |
|-----------------------|-----------|-----------|
| 1                     | \$85      | \$125     |
| 2                     | \$110     | \$200     |
| 3                     | \$120     | \$225     |
| 4                     | \$140     | \$255     |

When submitting this registration, you confirm you are aware of the following conditions and understand what is asked of me. If I do not follow the rules, I understand my child or children will be dropped from the program.:

### **Rules and Regulations for Religious Education**

- You must bring your child's **Baptismal Certificate** and **Birth Certificate**.
- We must receive a minimum **non-refundable deposit** of \$85.00 at the moment of registration. You must be paid in full by September 06, 2025.
- **Classes** are held on **Saturdays from 8:30 AM to 10:00 AM** except on holidays.
- Check your child's folder every week for monthly calendars, letters and notices.
- **Only TWO absences** are allowed in order to complete the course. You must send an email when your child is absent. **Three tardies make one absence.**
- You will be **required to attend a parent meeting** held throughout the year.
- You and your children **must attend mass** on a weekly basis.
- You are responsible to **teach your children their basic prayers.**
- If for any reason you are unable to pay, you should contact the Religious Education Office (619) 264-4399 as soon as possible.

Full parent's name: \_\_\_\_\_

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