

Religious Education for Grades 1-6 2025-2026 Registration Form

Please Print (Middle names REQUIRED)

Family Name: _____ **Registered in Parish:** Yes _____ No _____

Father's Name: _____ **Cell:** _____ **Religion:** _____
First M.I.

Mother's Name: _____ **Cell:** _____ **Religion:** _____
First M.I. Maiden Name

Address: _____
Street City Zip

Primary Phone: _____ **Email:** _____

Marital Status: Married__ Single__ Widow__ Divorced__ Separated__ **# Children being registered** _____

Registrations for CGS (PK-K), SPARK (grades 7-8) or TLC (grades 9-12) require a separate form

Emergency contact: Name _____ Phone _____

Information of anyone bringing student/s to/from session if other than parent:

Name _____ **Phone** _____ **Relationship to child** _____

Name _____ **Phone** _____ **Relationship to child** _____

Photo Release: I hereby grant permission for myself or my child/children to be photographed and/or videotaped during religious education activities and events, as well as parish functions. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant my permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast on social media for the purpose of promoting parish life at All Saints Roman Catholic Parish and the Diocese of Phoenix. **(Please Initial) Yes** _____ **No** _____

Safe Environment Training: I hereby grant permission for my child to participate in the age-appropriate Safe Environment Training lesson provided by the Diocese of Phoenix Office of Child and Youth Protection. I understand that this lesson will be presented in the context of my child's Religious Education class and that I will be notified in advance of this scheduled presentation. **(Please Initial) Yes** _____ **No** _____

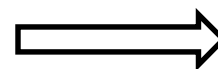
Behavior Release: _____ **(Please Initial)** My child will dress and act respectably and modestly and use no verbal abuse or physical abuse of themselves or others. He/she will **not** leave the designated area at any time for any reason without contacting the adult in charge. I understand that if my child is involved in any serious misbehavior that I will be contacted immediately and be responsible for their immediate transportation home.

Medical Release: _____ **(Please Initial)** In case of serious sickness or accident, I authorize and consent to any emergency medical transportation, medical diagnosis, treatment and care by a licensed doctor or hospital. Further, in the event of serious sickness or accident, I will not hold All Saints Catholic Church, the Diocese of Phoenix, or any of the religious education or youth leaders responsible.

Required Paperwork: _____ **(Please initial)** I understand that all completed paperwork and fees must be received by the RE Office prior to my child starting classes. See checklist and deadlines for paperwork provided at time of registration.

Signature: _____ **Date:** _____

Print Name: _____



Registration Fees: 1 Child - \$70.00, 2 Children - \$120.00, 3 Children - \$150.00 (Waived for parish ministers)

CASH	CHECK# AMOUNT	DATE	ONLINE PAYMENT
PAYMENT PLANS/NOTES			

Session times include Parent and Family gatherings: Tues: 6:00 pm – 7:30 pm _____
Wed: 4:30 pm – 6:00 pm _____

Child 1 Name: _____ **Date, City, State of Birth:** _____

Age: _____ **Grade 2025-26** _____ **School:** _____ **Gender (M/F):** _____

Last R.E. Grade: _____ **Sacraments Received**

Baptism: Yes _____ No _____ **Church:** _____ **City/State:** _____

Baptism Certificate: _____ **Copy on File in RE Office** _____ **Will bring a copy on** _____

Reconciliation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Confirmation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Eucharist: Yes _____ No _____ **Church:** _____ **City/State:** _____

Are there any custody issues regarding this child? Y _____ N _____ **Was this child adopted?** _____

Name child lives with _____

Does this child have any special needs, allergies, chronic illness, or conditions? Yes _____ No _____

If Yes, please explain _____

Child 2 Name: _____ **Date, City, State of Birth:** _____

Age: _____ **Grade 2025-26** _____ **School:** _____ **Gender (M/F):** _____

Last R.E. Grade: _____ **Sacraments Received**

Baptism: Yes _____ No _____ **Church:** _____ **City/State:** _____

Baptism Certificate: _____ **Copy on File in RE Office** _____ **Will bring a copy on** _____

Reconciliation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Confirmation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Eucharist: Yes _____ No _____ **Church:** _____ **City/State:** _____

Are there any custody issues regarding this child? Y _____ N _____ **Was this child adopted?** _____

Name child lives with _____

Does this child have any special needs, allergies, chronic illness, or conditions? Yes _____ No _____

If Yes, please explain _____

Child 3 Name: _____ **Date, City, State of Birth:** _____

Age: _____ **Grade 2025-26** _____ **School:** _____ **Gender (M/F):** _____

Last R.E. Grade: _____ **Sacraments Received**

Baptism: Yes _____ No _____ **Church:** _____ **City/State:** _____

Baptism Certificate: _____ **Copy on File in RE Office** _____ **Will bring a copy on** _____

Reconciliation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Confirmation: Yes _____ No _____ **Church:** _____ **City/State:** _____

Eucharist: Yes _____ No _____ **Church:** _____ **City/State:** _____

Are there any custody issues regarding this child? Y _____ N _____ **Was this child adopted?** _____

Name child lives with _____

Does this child have any special needs, allergies, chronic illness, or conditions? Yes _____ No _____

If Yes, please explain _____

If you have more than 3 children to register in grades 1-6, please use additional pages.

Are you interested in serving as a Catechist or Assistant? Y _____ N _____