Paid amt: Date:

Today's Date: _____

ca/ck

SAN ROQUE RELIGIOUS EDUCATION (RE) Registration Form 2025-26

Please return this completed form to San Roque Office of Religious Education (mail or email) 325 Argonne Circle, Santa Barbara, CA 93105 / education@sanroqueparish.org / phone: 805-682-1097

PARENT INFORMATION MOTHER NAME:		STUDENT INFORMATION	
		CHILD NAME:	Birth date:
Religion:	Maiden:	Gender: Age: Grade this fa	ll: School:
Phone:	E-mail	Birth City:	State:
Address:		SACRAMENTS COMPLETED	
City:	State: Zip:	☐ Baptism Year: Church/Lo	ocation:
FATHER NAME:		Allergies or special needs:	
Religion:		RE Classes:	
Phone:	E-mail	RE Classes: Religious Education Classes will be he	ld in person, Sundays, 10:45-12 noon
Address:			
	State: Zip:	RE AUTHORIZED PHOTO PERMISSION	
Student lives with: Both Parents Mother Father Other Registered at San Roque Parish: Yes No, specify Parish name:		☐ I give permission for photos of my child to be used for the Sar Roque Church website/bulletin which will be posted online.	
1		☐ I do not give permission for photos of my child to be taken for the	
EMERGENCY CONTACT		San Roque Church website/bi	alletin which will be posted online.
	Relationship:	By signing, I am aware of the <u>requirement</u> to attend Mass with my child on Saturdays or Sundays.	
Phone:			
TUITION:			
\$50 – per child If a family requires financial a	aid <i>please</i> contact Noël Fuentes (see above).	Parent Signature	Date

Information such as full legal names, maiden name, baptism certificate, etc. are necessary for your child to receive the sacraments through the Archdiocese of Los Angeles. Failure to provide all of the required information could prevent your child from receiving the sacraments at the appropriate time.

Please be thorough in your completion of this form.

No family will be turned away based on ability to pay!