

2026-2027 Religious Education Registration

FOR OFFICE USE ONLY

St. Edmond Parish

P.O. Box 646, Rehoboth Beach, DE 19971

Religious Ed: (302)227-4553

Fax #: (302)227-4557

Payment Enclosed: Y____ N____ Amount Pd.:_____

Cash:_____ Check #:_____ Date Pd.:_____

Registration Fee: \$75.00 per child / \$85.00 for 2 children / \$95.00 for 3 or more children—maximum per family. Please make checks payable to St. Edmond Church.
 Sacramental Fee: \$35.00 for Reconciliation/Eucharist Students. \$70.00 for Confirmation— 9th grade only.
 Late Fee: \$10.00 after June 30.

Last Name of Child

Last Name of Parents if different from child's

Parish, address and date where Sacraments were received:_____

Student's Full Name	Date and Place of Birth	M/F	Grade as of Sept. 2026	School Attending as of Sept. 2026	Special Needs Y/N Describe on back.

Marital Status of Parents: Married_____ Divorced_____ Single_____ Separated_____ Widowed_____

Father's Name: First:_____ Last:_____ Catholic: Yes No Father's Cell:_____

Mother's Name: First:_____ Maiden:_____ Catholic: Yes No Mother's Cell:_____

Address:_____ City:_____ Zip:_____ Home Phone:_____

Father's E-mail address:_____ Mother's E-mail address:_____

Emergency Phone:_____ Relationship to Child:_____

If your child has a non-custodial parent please provide—Name/Address:_____

Parent Signature:_____ Date:_____

TURN OVER

PARENT/GUARDIAN: (Please read, complete and sign)

St. Edmond parish has adopted the following procedures in caring for your child when he/she becomes sick or injured at Religious Education class. In case of emergency and/or need of medical or hospital care:

1. The DRE/Catechist will call the home.
2. If there is no answer, the DRE/Catechist will call the cell phone or emergency phone number listed.
3. If none of the above answer, the DRE/Catechist will call an ambulance, if necessary, to transport the child to a local medical facility.
4. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
5. The DRE/Catechist will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the DRE/Catechist/Youth Minister has followed the procedure described above, I agree to assume all expenses for moving and medically treating this student. I also consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Signature of Parent/Guardian Date

I give my permission for my child/children to be photographed during church activities and any photos taken to be posted on the parish website. However, names will not be posted on the website.

Signature of Parent/Guardian Date

My child has the following special needs, allergies, carries an epi pen, etc. (Please specify.)

I would like to volunteer as a Catechist _____ Classroom aide _____ Hall monitor _____ Grade _____

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