

ST. ROSE OF LIMA  
**2026-2027 RELIGIOUS EDUCATION REGISTRATION FORM**  
 (Please print legibly)

Family Name \_\_\_\_\_ Parishioner (Yes or No) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 (if different than Family Name)

Family **FULL** Mailing Address \_\_\_\_\_  
 Telephone Home Number \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Cell# \_\_\_\_\_ Mother's Cell# \_\_\_\_\_

**Emergency Contact Person** (if parent cannot be reached- Person picking up child **MUST** produce picture ID)  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_

The following person(s) have my permission to pick up my child: (they **MUST** have picture ID)

**Available Class Sessions**

**Tuesday** afternoon 5:00 – 6:30pm (Grades 1-6, FEP I/II)  
**Tuesday** Evening 7:00 – 8:30pm (Grades 7 & 8)  
**Saturday** morning 9:30 – 11:00am (Grades 1-6, FEP I/II)  
**Sunday** morning 10:30am – 12:00pm (Grades 7 & 8)  
 Home School (Grades 1,3,4,5,6)

Student Name	M/F	Date of Birth	Date of Baptism	School Attending	School Grade	RE Class	Day

**Birth Certificate and Baptismal Certificates are required for all 1<sup>st</sup> grade, new students and transcripts for students transferring from another Parish RE program**

**Cost:** One child **\$170.00**; two or more children **\$270.00**; Sacramental fee **\$50** (per child)  
 Late fee **\$50** if registering after **6/30/2026**

**For Office Use Only**

Total enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Cash (receipt #) \_\_\_\_\_ Balance due \_\_\_\_\_  
 FA: \_\_\_\_\_ Date: \_\_\_\_\_ Volunteer \_\_\_\_\_ Initials \_\_\_\_\_

Please let us know any special circumstances of which we should be aware to enhance your child(ren)'s learning, development, and spiritual growth and ensure their comfort and well-being. (allergies, custody arrangements, family circumstances, learning and behavioral needs, etc.)

**Student Name #1** \_\_\_\_\_

Learning challenges and/or special needs: \*Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements:

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**Student Name #2** \_\_\_\_\_

Learning challenges and/or special needs: \*Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements:

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**Student Name #3** \_\_\_\_\_

Learning challenges and/or special needs: \*Please include classification (IEP, one-on-one aide)

Allergies to medication/bee stings and/or foods or any other medical conditions:

Custodial issues/arrangements: