

2026 – 2027

St. Elizabeth Seton Religious Education

2026 - 2027 Registration Fees

One Child - \$275

Two Children - \$350

Three Children - \$ 400

4 or More Children - \$450

Sacramental Fees (in addition to Registration fee):

First Sacraments ( 2<sup>nd</sup> Grade ) - \$125      Confirmation - \$150

Parental Participation

It is expected that every parent will volunteer time to help with the operation of our program. Please carefully consider and then check off which area you will help.

Catechist (Teacher) \_\_\_\_\_ Classroom Aides \_\_\_\_\_

Substitute \_\_\_\_\_ Hall Monitor \_\_\_\_\_ Substitute Monitor \_\_\_\_\_ Fundraiser help \_\_\_\_\_

We will need many Catechists and Aides in the classrooms and will not be able to accommodate all requests without parent volunteers.

Parental Agreement for Religious Education Registration

As a Christian Parent in St. Elizabeth Seton Parish, we ask that you fulfill the following requirements:

Faithful attendance at weekly Mass.

Attendance at all religious ed classes and events.

Supervision of homework and review of materials.

Registration as a supporting member of our Parish using the church envelopes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Religious Education Registration

520 Ridgebury Rd , Ridgefield, CT 06877

**Term:** 2026- 2027

## FAMILY INFORMATION

<b>Family Last Name:</b> _____	<b>Date:</b> _____
Father's Name: _____	Father's Email Address: _____
Mother's Name: _____	Mother's Email Address: _____
Mother's Maiden: _____	<b>Emergency Contact:</b> _____
Home Phone: _____	Emergency Phone: _____
Home Address: _____	Father Catholic? _____
City, ST, Postal: _____, _____	Father Religion: _____
Father's Cell / Work: _____	Mother Catholic? _____
Mother's Cell / Work: _____	Mother Religion: _____

## STUDENT #1 INFORMATION

<b>Child Name:</b> _____	<b>Catholic?</b> _____	Yes / No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sacrament Details</b>	Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____	
Grade: _____	<input type="checkbox"/> Eucharist: _____	
Session: _____	<input type="checkbox"/> Reconciliation: _____	
Class: _____	<input type="checkbox"/> Confirmation: _____	
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities etc): _____		

## STUDENT #2 INFORMATION

<b>Child Name:</b> _____	<b>Catholic?</b> _____	Yes / No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sacrament Details</b>	Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____	
Grade: _____	<input type="checkbox"/> Eucharist: _____	
Session: _____	<input type="checkbox"/> Reconciliation: _____	
Class: _____	<input type="checkbox"/> Confirmation: _____	
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities etc): _____		

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

Religious Education Registration

520 Ridgebury Rd , Ridgefield, CT 06877

Term: 2025 - 2026

Additional Students

STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

\_\_\_\_\_

STUDENT #4 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

\_\_\_\_\_

STUDENT #5 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ \_\_\_\_\_ Tuition PAID: \$ \_\_\_\_\_ Signature: \_\_\_\_\_