St. Rose of Lima Catholic Community
Religious Education Office
3600 Brinkman, Houston, TX. 77018
(713) 692-9123 • (713) 692-5638 Fax
www.stroselima.org

ALL BOLD AREAS MUST BE FILLED OUT BEFORE BEING SUBMITTED.

ONLY ONE FORM PER CHILD.

Date: ____/_____/_____

REGISTRATION FORM FOR RELIGIOUS EDUCATION 2011-2012

(Please Print or Type)

I want to register my child in the:

_____ Pre-K – 5th Grade
_____ Pre-K, K 11:45a.m.
_____ Helms ____Garden Oaks
_____ Oak Forest

_____ First Reconciliation/Eucharist*
_____Y.R.C.I.A.*
*(See Note Below)

_____ Grades 6,7,8
_____ Confirmation I
_____ Confirmation II***
***Must have attended Conf I or Catholic High School the year prior

STUDENT INFORMATION: ID# (for office use only):_____

Name: _____ _____ _____
First M.I. **Last**

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other Guardian

Parents/Guardians Name: _____

Address: _____

_____ **Zip**: _____

Phone: (home) _____ **(cell)** _____

May we send you text messages? _____ Yes _____ No

(email) _____

Date of Birth: _____ **City/State of Birth**: _____

School: _____ **Grade:** _____ ☐ MALE ☐ FEMALE

Has your child been baptized? YES____ NO____ Church_____
Has your child made their First Communion? YES _____ NO_____
Has your child made their First Confession? YES _____ NO_____
Has your child been confirmed? YES _____ NO_____

Was student enrolled in a Religious Education Class Last Year? ☐ YES ☐ NO

If so, where? _____

***(In order to enroll in First Communion/First Reconciliation Programs or YRCIA, student must have either attended Catholic School or attended religious education classes the full year prior to beginning preparation for these sacraments. The Office of Religious Education will determine if the student is eligible when this form is received.)**

Preferred Language for Parents: *(circle only one)* ☐ ENGLISH ☐ SPANISH *(This is the language we will use to communicate to parent or guardian. The CCE classes themselves are only offered in English)*

Does student have any medical conditions? *(please include any allergies):* _____

_____

_____

(PLEASE TURN OVER)

MUST BE SIGNED BEFORE BEING ACCEPTED

By signing this form, you are agreeing to all policies and guidelines for the CCE program as outlined in the CCE handbook. You are submitting this form with complete and accurate information and if there are any changes throughout the year, you will notify the CCE office. In order for your child to receive his or her sacraments, it is **required** that a copy of their baptism certificate be submitted to the Religious Education office **no later than *October 31, 2011***. All Registration forms must be submitted with the required registration fee, unless other arrangements have been made with the Religious Education Office (please see the Religious Education Family Fees for more information).

_____ _____/_____/_____

Parent/Guardian Signature *Date*

MEDIA RELEASE

Archdiocese of Galveston-Houston
1700 San Jacinto
Houston, Texas 77022

St. Rose of Lima Catholic Church
3600 Brinkman
Houston, Texas 77018

I hereby grant permission to the Religious Education Office of St. Rose of Lima Catholic Church, to allow my child (listed on the front of this form), to be photographed/interviewed, or images of my child posted on the Parish web-site.

It is my understanding that this photograph/interview/images or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases St. Rose of Lima Catholic Church, and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph/interview/images.

_____ _____/_____/_____

Parent/Guardian Signature *Date*

FOR OFFICE USE ONLY:

Person Accepting Registration: _____ Date: _____

Class Enrolled:

_____ Pre-K – 5th
_____ Pre-K, K 11:45a.m.
_____ Jr. High (6th – 8th)
_____ Oak Forest
_____ Helms

_____ FR/FC
_____ FR/FC St. Rose School
_____ Confirmation I
_____ Confirmation II
_____ Y.R.C.I.A.

Baptism Certificate Received: _____ Date: _____

FEES:

Pre-K – 5th	**$45.00**/each child
Grades 6, 7, 8	**$50.00**/each child
First Reconciliation and First Eucharist	**$40.00**/each child
Confirmation I	**$75.00**/each child
Confirmation II	**$235.00**/each child

STUDENT FEES:

General Fee for this student: $_____

Additional Fees for this student: $_____

Total Fees for this student: $_____

PAYMENTS:

_____ Check here when student tuition is fully paid.

Other Information: _____

_____

_____

_____