




Date: _____/_____/_____

REGISTRATION FORM FOR ELEMENTARY RELIGIOUS EDUCATION 2023-2024

<p>REQUIRED PHOTO *form not accepted without photo*</p> 	<p>ELEMENTARY FORMATION <u>Current Grade Level</u> (Please check ONLY ONE)</p>	<p>Sacramental Preparation <i>*Must have attended CCE or Catholic School for full year prior to Sacramental year*</i></p>
	<p><input type="checkbox"/> Pre-K - 5th Grade: English - Parish <i>PreK-1st: Sundays @9:45am-11am</i> <i>2nd-5th: Mondays @6:30pm-8pm</i></p> <p><input type="checkbox"/> Pre-K- 5th Grade: Spanish - Parish <i>Sundays @10:30am</i></p>	<p><input type="checkbox"/> First Reconciliation First Communion <i>English: Sundays @8:15am-9:45am</i> <i>(please refer to sacramental calendar)</i></p>
	<p><input type="checkbox"/> Oak Forest Elementary <i>K - 5th Grade: Wednesdays @2:50pm</i> <i>Car Rider <input type="checkbox"/> After3 <input type="checkbox"/></i></p> <p><input type="checkbox"/> Garden Oaks Montessori <i>K - 5th Grade: Mondays @3:50pm</i></p>	<p><input type="checkbox"/> Primera Reconciliación Primer Eucaristía <i>Spanish: Sunday @10:30am-11:45am</i></p>

STUDENT INFORMATION (Please Print or Type): ID# (for office use only): _____

Name: _____
 First Name Middle Name Last Name

Student lives with: Both Parents Father Mother Other Guardian

Parents/Guardians Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone# _____ Emergency Phone# _____

We will be using Flocknote™ to send you important reminders via text. May we send you text messages? Yes No

Email: _____

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

School: _____ Grade: _____ MALE FEMALE

Please List the Person(s) Responsible for picking up your Child from CCE _____
 Phone # _____ Relationship to Child _____

Has your child been baptized? (If not Catholic, what denomination?) YES NO

Church of Baptism: _____ City of Baptism: _____

Has your child made his/her First Communion in the Catholic Church? YES NO

Was student enrolled in a Religious Education Classes OR Catholic School Last Year? YES NO

If so, where? _____

Is your family officially registered at St. Rose? YES NO

If not, what is the name of your home parish: _____

Does your child have any Allergies? Yes No Please List: _____

Does your child have any Medical Conditions? Yes No Please Explain: _____

MUST BE SIGNED BEFORE BEING ACCEPTED

By signing this form, you are agreeing to all policies and guidelines for the Religious Education program. The Religious Education Department holds the right to change any of these guidelines throughout the year. 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/her SACRAMENTS, it is required that a copy of his/her BAPTISM RECORD BE ATTACHED to this form and submitted to the Religious Education Office at time of registration. All registration fees must be paid at the time of registration unless other arrangements have been made with the Religious Education Office.*

_____/_____/_____
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 Office of Religious Education of St. Rose of Lima Catholic Church, to allow my child (listed on the front of this form), to be photographed/interviewed, or have images of my child posted on the Parish web-site. It is my understanding that these photographs, interviews, images or portions thereof maybe used for public viewing. 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 Enrollment: _____ Pre-K - 5 th Grades-Parish _____ Y.R.C.I.A _____ Sp. Pre-K - 5 th Grades -Parish _____ Oak Forest Elementary _____ Garden Oaks Montessori _____ First Reconciliation & First Eucharist Baptism Certificate Received: _____ Date: _____		REGISTRATION FEES: Pre-K - 5th \$50.00/each child Sacramental Preparation: First Reconciliation First Eucharist \$50.00 (Reg Fee) + \$50.00 (Sac. Prep Fee) \$100.00 (Total Fee)
STUDENT FEES: General Fee for this student: \$ _____ Additional Fees for this student: \$ _____ Total Fees for this student: \$ _____ _____ Tuition Balance PAID IN FULL	Payment Action Plan: Initial Payment \$ _____ CHK CASH CC Date: _____ <u>Date Due</u> <u>Amt. Paid</u> December 11 th \$ _____ CHK CASH CC Date: _____ <u>Date Due</u> <u>Amt. Paid</u> April 29 th \$ _____ CHK CASH CC Date: _____ Approved By: _____	

Other Information: _____