



# 2016-2017 St. Martin de Porres Catholic Church Religious Education Registration

## **Primary Parent(s)/Guardian(s) Information** *(required)*

Parent(s) Full Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Description (circle one) Home Cell Work Other

Preferred Email(s) \_\_\_\_\_

## **Secondary Parent(s)/Guardian(s) Information**

Parent(s) Full Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Description (circle one) Home Cell Work Other

Secondary Email \_\_\_\_\_

## **Emergency Contact Information** *(not Primary or Secondary)*

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Description (circle one) Home Cell Work Other

Relationship to Child(ren) \_\_\_\_\_

## **Full Name(s) of Child(ren) to Register** *(more info will be required on next page for each child)*

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

## **Registration Fees due:**

**Tuition Due:** 1 child= \$40      2 children= \$55      3 or more children= \$70

**Sacramental Fees Due:** Sacramental Fee (2<sup>nd</sup>, 11<sup>th</sup>, RCIA) = \$20

**Retreat Fees Due:** Confirmation = \$135

**Scholarship Fund:** If you feel called and want to pay-it-forward, consider contributing to this fund so that a family may benefit from your generosity. \$5    \$10    \$20    Other \$\_\_\_\_\_

**NOTE: Completed registration forms + fees, + copies of all child(ren)'s birth certificates and certificates for Sacraments received (unless received at SMdP or is a returning student) must be submitted to parish office:**

Mail or drop off w/Payment to: Attn: Religious Ed Registration, 5383 Elliott Road, Lake Charles, LA 70605

(Please copy a blank version of this page for each child you wish to register)

**Child Basic Information (please print)**

- Returning Student
- New Student – List parish(es) registered for Religious Education? \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Male      Date of birth: \_\_\_\_\_

Female

2016 – 2017 Grade Entering \_\_\_\_\_

**Sacraments:**

	Was it received at SMdP?	If no, where? (certificates are needed)
Baptism	___ Yes ___ No	_____
First Eucharist	___ Yes ___ No	_____
First Reconciliation	___ Yes ___ No	_____
Confirmation	___ Yes ___ No	_____

Special Needs (physical, emotional/mental, educational-504/IEP, allergies, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Completed registration forms + fees, + copies of all child(ren)'s birth certificates and certificates for Sacraments received (unless received at SMdP or is a returning student) must be submitted to parish office:**

Mail w/Payment to: Attn: Religious Ed Registration, 5383 Elliott Rd., Lake Charles, LA 70605

*Upon receipt of registration information, you will be contacted by the Religious Ed Secretary **IF** additional information is needed. Please remember, class space is limited. It is imperative that ALL registration requirements be fulfilled in order to secure your child(ren)'s placement in the program.*