



2018-2019 St. Martin de Porres Catholic Church RE Registration – New Family

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

Parent(s) Full Name(s) _____ Maiden _____
Mailing Address _____ City/State _____ Zip _____
Cell Phone _____ Landline _____ Relation _____
Email _____

Secondary Parent(s)/Guardian(s) Information

Parent(s) Full Name(s) _____ Maiden _____
Mailing Address _____ City/State _____ Zip _____
Cell Phone _____ Landline _____ Relation _____
Email _____

Emergency Contact Information (not Primary or Secondary)

Full Name _____ Cell Phone _____
Landline _____ Relation 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 (Check payable to: SMdP)

Tuition Due: 1 child= \$40 2 children= \$55 3 or more children= \$70
Sacramental Fees Due: Sacramental Fee (2nd, 11th, RCIA) = \$20
Retreat Fees Due: Confirmation (11th) = \$135 (may be paid in installments)

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) are to be submitted to parish office:

Attn: RE 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) *Full name required:*

First Name _____ Middle _____

Last Name _____ Suffix (Jr, Sr, etc.) _____

Date of Birth _____ Male _____ Female _____

2018-2019 RE Grade Entering _____

Former Church Parish RE or Catholic School Attended:

Church Parish or Catholic School Name

City & State

Sacraments:	Received at SMdP?	If no, list Church, City, & State: (certificates needed)
Baptism	___ Yes ___ No	_____
First Eucharist	___ Yes ___ No	_____
First Reconciliation	___ Yes ___ No	_____
Confirmation	___ Yes ___ No	_____

NOTE: Completed registration forms + fees, + copies of all child(ren)'s birth certificates and certificates for sacraments received (unless received at SMdP) are to be submitted to parish office:

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

*Upon receipt of registration information, you will be contacted by the RE 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.*

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

Questions? Call or email Ashley Rozas (RE Secretary) at 478-3845 ext 102.

arozas@smdpcatholic.com