Family Religious Education 2025-26

Parent/Guardian Name:					
Email Address					
Mailing Address:	(Street or P.O. Box)		Phone#:		
	(City)		(Zip Code)		
Child's Information					
First and Last Name					
Date of Birth					
Grade Entering		_School			
Date of Baptism		Church	City/State		
			City/State		
First and Last Name Date of Birth					
Grade Entering		_School			
Date of Baptism		_Church	City/State		
Date of First Commun	ion	_ Church	City/State		
First and Last Name Date of Birth					
Grade Entering		_School			
Date of Baptism		_Church	City/State		
Date of First Communion	n	Church	City/State	 _	

<u>Parents</u> <u>Please Read Carefully and Sign</u>

Your child's teacher would like to have access to cell phone numbers to send other class information.	d out reminders and			
I agree to be included in these text messages				
Do not include me in these text messages				
I give permission for my child(ren)	_			
to be photographed during church activities for publication in print and on the ch	urch website. I understand that			
my child's name will not be used to identify my child. This permission form will b	e kept on file in the church			
office. If I would like to withdraw permission, I may do so at any time.				
Parent/Guardian:	(printed)			
Parent/Guardian:	(signature)			
 I intend to support the program's objectives by regularly attending Sunday Mass each week with my child/children, as well as Holy Days of Obligation. I intend to provide regular family prayer experience in the home. I am open to deepening my own understanding of the Gospel message and will try to be an example of Christian living through the service of others. 				
Signature of Parent (Guardian)	Date			
A donation of \$30 per child is requested to help offset the cost Office Use Only: Date received	of program materials.			
Amount Cash/Check				