

STUDENT INFORMATION	First Child:	Second Child:	Third Child:
Last Name(if different):			
First Name:			
Middle Name:			
Sex:	M / F	M / F	M / F
Date of Birth:			
School Name (Fall 2024):			
Grade:			
Baptismal Date:			
CHURCH:			
Church Location:			
City & Zip:			
RE Program last year?	Yes / No	Yes / No	Yes / No
What Grade?			
If not St. Christina, where?			
Making Communion this year?			
Making Confirmation this year?			
Special Needs/IEP Plans	Yes / No	Yes / No	Yes / No
Type			
St. Christina Sport			
Type: BB, FB, Cheer, VB			
Medical Needs (Allergies, Hearing, Sight, etc):			
Special services received - I.E.P (ADD, ADHD, LD, etc.):			

Copy of Baptismal certificates for first graders and children new to our program are required at the time of registration. Certificates must be turned in by the first day of class to participate.

Authorization for Medical Treatment 2024-2025

- In the event that the undersigned, or my (our) authorized physician cannot be reached, and in the judgement of the Director of Religious Education or an other appropriate staff member, there is necessity for immedaite examination and or treatment of my (our) child(ren), I hereby authorize any of the aforesaid personnel to optain for m child such medical services as are deemed necessary.

_____ Parent(s) Signature

Medical Insurance Company	Insurance Number	Physicians Name	Physicians Phone Number

Notifications: Please initial that you have received this information:

Photo/Video Release: Registration in Religious Education Program at St. Christina includes permission for photographs/video to be taken during special events or class projects that may be used on our website, newsletters or church bulletins. Please initial here _____. You may revoke this permission in writing submitted to the office.

Child Safety Lesson: The archdiocese requires us to give a talk on a safety issue each year. Your child also receives this information in regular school. You will be informed of the topic and the dates the mini lesson will be taught. I give my child permission to participate but understand I may opt out when I receive emailed information on the topic that will be presented this year. Please initial here _____

Volunteers: We have volunteer opportunities each year: Please circle one if you would like additional information.

Catechist Teacher – Pass along your faith to a group of students.

Substitute Catechist Teacher – Help our teachers when they cannot be in class. You will be given materials 2 days before class.

Parking Lot Safety Parent(s) – Stay a few minutes after classes let our to ensure the kids are safe in the parking lot area.

Sacramental Prep Teacher – This is a small group class of older kids making First Reconciliation and Communion

Event Volunteers-Help plan and implement our events.

Faith Formation Parent Board- Have a voice on the direction of our Faith Formation program and Family Faith initiatives.