

## ST. CHRISTINA RELIGIOUS EDUCATION 2025-2026 REGISTRATION

2025-2026 RE Tuition Rates	
1 Child	\$300
2 Children	\$490
3 Children	\$665
4 + Children	\$835

*Sacrament FEES  
For Communion &  
Confirmation*

COMMUNION	\$100
CONFIRMATION	\$100

CALCULATE YOUR FAMILY TOTAL TUITION + SACRAMENT FEE	
Total Family Tuition Fee	
Total Sacrament Fee(s)	
TOTAL FEES 2025-2026	

Please make all checks payable to  
St. Christina Religious Education.

\*Any remaining tuition balance  
from 2024-25 must be paid in full  
before you register.

FOR OFFICE USE ONLY
TOTAL DUE
PAID IN FULL
CASH or CHECK #
Down Payment \$

I agree to pay off the remaining balance  
of \$\_\_\_\_\_ in monthly  
installments by 1/1/2026.

\_\_\_\_\_ Sign  
Here

Father Full Name:	Mother Full Name:	Maiden Name:
Address:	*Address – If different:	
City, State / Zip:	City, State / Zip:	
Cell Phone:	Religion:	Cell Phone (if different): Religion:
Occupation:	Occupation:	
DAD EMAIL:	MOM Email:	
Other language besides English spoken in the home?		

PARENTAL STATUS:	Married	Separated	Divorced	Single	Widowed
CHILD(REN) lives with:	Both Parents	Mother	Father	Guardian Name	Guardian Relationship

**EMERGENCY CONTACT: (When a parent or guardian cannot be reached, this is the next best person to contact:)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student(s) \_\_\_\_\_

A copy of the Baptismal certificate for first graders or children new to our program is required at the time of registration. Certificates must be turned in by the first day of class to participate.

**What Day/Time will your child(ren) attend Religious Education? Circle One:**  
**Sundays from 8:45AM-10:15AM      or      Tuesdays from 5:30PM-7PM**

<i>STUDENT INFORMATION</i>	<b>First Child:</b>	<b>Second Child:</b>	<b>Third Child:</b>	<b>Fourth Child:</b>
Last Name (if different):				
First Name:				
Middle Name:				
Sex:	<b>M / F</b>	<b>M / F</b>	<b>M / F</b>	<b>M / F</b>
Date of Birth:				
School Name (Fall 2025):				
Grade:				
Baptismal Date:				
CHURCH:				
Received First Holy Communion? List Year & Church Name				
RE Program last year?	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
What Grade?				
If not St. Christina, where?				
Making Communion this year?				
Making Confirmation this year?				
Special Needs/IEP Plans	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Type				
Medical Needs (Allergies, Hearing, Sight, etc.):				
Special services received - I.E.P (ADD, ADHD, LD, etc.):				
Will Play Football or Cheer for St. Christina School?				

**Authorization for Medical Treatment 2025-2026**

- 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 another appropriate staff member, there is necessity for immediate examination and or treatment of my (our) child(ren), I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

\_\_\_\_\_  
Parent(s) Signature

Medical Insurance Company	Insurance Number	Physician's Name	Physician's Phone Number

**Religious Education Policies:** *ALL MUST BE INITIALLED TO BE REGISTERED.*

**Tuition Payment:** I agree to pay my tuition balance and any fees no later than January 1<sup>st</sup>, 2026. **Please initial here**\_\_\_\_\_

**Attendance Policy:** We agree that our child(ren) will miss no more than 2 days per semester other than illness with an excused note from a doctor. We agree to email the Religious Education Office in advance of class if our student(s) will be absent. **Please initial here**\_\_\_\_\_

**Photo/Video Release:** Registration in Religious Education Program at St. Christina includes permission for photographs/video will be taken during special events or class projects that may be used on our website, newsletters, or church bulletins. **Please initial here**\_\_\_\_\_.

**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 notified of the date the mini lesson will be taught. I understand the lesson will be taught during RE and I will be given advance notice. You may opt out by writing a letter to the RE office in advance of the lesson. **Please initial here**\_\_\_\_\_

**Dress Code Policy:** All students are to dress appropriately. No pajamas pants or tops, no hats will be permitted. **Please initial here**\_\_\_\_\_

**Volunteers:** We have volunteer opportunities: *Please circle one if you can help and circle what day you can help on. Thank you!*

**Catechist Teacher** – Grow in your faith while helping our Community of Families. SUNDAYS & TUESDAYS NEEDED!

**Substitute Catechist Teacher** - Help our teachers when they cannot be in class. GREAT NEED FOR SUBS!

Circle One: I can help on Sunday class days 8:45AM-10:15AM I can help on Tuesday class days 5:30PM-7PM

**Tuesday Night Classes are NEW this year. Minimum of 12 Students to start a Grade class. Volunteers Catechists Needed.**