

2019~ 2020 Religious Education Registration Form

St. Mary Catholic Church

207 North Main St. - PO Box 1443
Coupeville, WA 98239
(360) 678-6536
(360) 675-9490 Fax

Kindergarten– 5th Grade

Name of student: _____ Age: _____ Grade: _____

Name of School: _____ Home school: ()

Name of parent/guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Religious Affiliation: _____

Please indicate special education and/or physical/medical needs below, if any.

Pictures: I give permission for my child to have his/her picture in the bulletin website/Facebook
PLEASE CHECK BOXES IF YOU ARE ALLOWING YOUR CHILD TO *HAVE* *THEIR PICTURES POSTED.*

SACRAMENTS RECEIVED:

Baptism _____ Date: _____ Parish: _____

Communion _____ Date: _____ Parish: _____

Confirmation _____ Date: _____ Parish: _____

SACRAMENTS NEEDED:

Baptism _____ Communion _____ Confirmation _____

Any siblings attending Faith Formation at St. Mary's? If yes, please list name & grade:

Persons (other than parent/guardian) **authorized** to remove child from Faith Formation:

Person: _____ Relationship: _____

Person: _____ Relationship: _____

PARENT/GUARDIAN Signature _____ Date _____

*Please complete the **Emergency Treatment Release Form** at the back side.*

Registration Fee: \$45 per child
Registration is open August 18 through September 15, 2019
Registration fee after September 15, 2019: \$50 per child

Payment Information: Office Use Only
Amount Paid: _____

CASH CHECK # _____

RE Use Only:

Special Sacrament _____ RCIA _____