



Seven Dolors Parish 731 Pierre • Manhattan, Kansas 66502 • 785-565-5000

Fall Religious Education Registration Form 2018-2019

FAMILY LAST NAME \_\_\_\_\_ PRIMARY LANGUAGE  English  Spanish

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street City/State Zip Code

REGISTERED MEMBER OF :  Seven Dolors /St Patrick  St Thomas More  St Isidore  Other \_\_\_\_\_  I would like to register, please call me.

FATHER'S FULL NAME \_\_\_\_\_ Religion \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

MOTHER'S FULL NAME \_\_\_\_\_ Religion \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

The child(ren) currently live with:  Both parents  Mother only  Father only  Other

If other, please explain? \_\_\_\_\_

STUDENT'S FULL NAME	BIRTHDAY (MM/DD/YYYY)	MALE/ FEMALE	GRADE	Has your child received any sacraments? Check below			Current School	T-shirt Size Circle One (9-12 grade only)
				Baptism	1st Communion	Confirmation		

Are you requesting a sacrament for any of the above listed child(ren)?  Yes  No

If yes, which child? \_\_\_\_\_ Sacrament? \_\_\_\_\_

### STUDENT PICK UP AUTHORIZATION

**Please note: Students in Kindergarten through Third Grade will not be dismissed without a parent or high school sibling.**

In the event that I am unable to pick up my child(ren) from Religious Education classes, the following people have my permission to do so:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_
2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Parent Volunteer Opportunities

From time to time Religious Education needs help and it is a beautiful witness of faith to your child(ren) by your presence.

If you are able to help in any way, please check your interests below:

Name \_\_\_\_\_

I could help as:     Catechist             Room Aide             Substitute             Office             Hall Monitor

Name \_\_\_\_\_

I could help as:     Catechist             Room Aide             Substitute             Office             Hall Monitor

### REGISTRATION FEES & FORMS

Per child:    \$50

Family of three or more:    \$120

Please make checks payable to: Seven Dolores Parish

If you need to make payment arrangements, please let us know.

**Other Forms needed (can be found on [SevenDolores.com](http://SevenDolores.com) website):**

- Form B**             **HIPAA**

### OFFICE USE ONLY

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Fee paid by:     Cash             Check # \_\_\_\_\_

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Baptismal Certificate(s)     Yes     No

Permission is hereby granted to Seven Dolores Parish for use of photographs of and/or quotations from my child(ren) to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and printed media.

I am the legal parent/guardian of the child(ren) listed on this form and certify that the information provided is correct to the best of my knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date