



## ST. ELIZABETH ANN SETON PARISH

### RELIGIOUS EDUCATION REGISTRATION FORM

#### PARENT INFORMATION

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Religion of Mother: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

PRIMARY EMAIL (Required): \_\_\_\_\_ Secondary: \_\_\_\_\_

PREFERRED CELL PHONE CONTACT #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parish: \_\_\_\_\_ Registered? \_\_\_\_\_ Place of Worship: \_\_\_\_\_

#### STUDENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GR: \_\_\_\_\_ School \_\_\_\_\_

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Program fees: \$50 for one (1) student; \$65 for (2) two and \$75 for (3) more students.

**Please make check payable to: St. Elizabeth Ann Seton Parish.**

This fee helps to fund the mission of teaching and equipping our youth to be DISCIPLES of Jesus Christ!

#### MEDICAL INFORMATION

*Who are the primary adults bringing this child or teen to Mass every Sunday?*

NAME: \_\_\_\_\_ ROLE: (MOTHER/FATHER/GRANDPARENT/AUNT/ETC): \_\_\_\_\_

NAME: \_\_\_\_\_ ROLE: (MOTHER/FATHER/GRANDPARENT/AUNT/ETC): \_\_\_\_\_

I promise that my child will attend all 30 hours of Religious Education \_\_\_\_\_

Signature of parent/Guardian

#### STAY CONNECTED

⇒ **MY PARISH APP:** Download MyParishApp on your smart phone and select St. Elizabeth Ann Seton, Richmond, IN

⇒ **CONTACT:** VICKY ROOSA, Parish Catechetical Leader - 240 SOUTH 6TH STREET, RICHMOND, IN 47374.

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