

St. Edward Catholic Church / Office of Evangelization and Catechesis
2019-20 Family Registration for Religious Education 2601 Spring Stuebner, Spring, TX 77389
 281-353-9774 / www.saintedward.org

To register your child for sacrament preparation, please complete a PINK sacrament registration form.

Family Information—NEW Students: fill in completely; RETURNING Students: update as needed

Are you a registered member of St. Edward parish? YES NO

Head of household : _____
Last name First name

Spouse: _____
Last name First name

Street Address: _____
Street city zip

Parent Cell#1: _____ Parent cell #2: _____

Primary email address (please PRINT CLEARLY)* : _____
**Most communication will be sent via email; please make sure to include an email address that you check often*

Emergency Contact Name: _____ Phone: _____

Tuition and Fees:	Registered parishioners	Non-parishioners & Late Registration
1 child	\$60 (\$40 before June 1)	\$80
2 children	\$100 (\$80 before June 1)	\$120
3 children	\$130 (\$110 before June 1)	\$150
4+ children	\$160 (\$140 before June 1)	\$180
Home Study	\$25 per student (\$20 before June 1)	\$45 per student

Registration Deadlines

- Early bird: May 1-30
- Regular: June 1-30*
- Late: August 1—until full

**Please note: registrations are not accepted during the month of July*

Please check if you need to:

arrange monthly payments

discuss scholarship assistance

For Office Use Only Form# _____

Date Rec'd: _____

New: _____ React: _____

Baptismal: _____

Total Owed: _____ Paid: _____

Balance Due: _____ Data Entered: _____

ID# _____

Choose your session

<input type="checkbox"/>	Grades PK-12 / Sundays 5:30-7:00
<input type="checkbox"/>	Grades PK-8 / Wednesdays 6-7:30pm
<input type="checkbox"/>	Grades PK-12 / Home Study

Foundations

Classes for baptized Catholic children age 8+ who have not attended religious education for 3 or more years

<input type="checkbox"/>	Foundations/Grades 3-5/ Wed 6-7:30pm
<input type="checkbox"/>	Foundations/Grades 6-8 /Wed 6-7:30pm
<input type="checkbox"/>	Foundations / Grade 9-12 / Wed 6-7:30pm

Students with Special Needs

St. Edward is committed to providing religious education to all children / youth. If your child has a special need due to a behavioral or medical condition, please contact Amy Auzenne at 281-353-9774 or aauzenne@saintedward.org

Child's Legal Name <small>Please include ALL CHILDREN in your family</small>	Birth Date	Grade in fall '19	Where did this child attend religious education (CCE) last year?	Sacraments received as a Catholic	Class Codes <small>(For Office Use only)</small>

Other side ———>

Parental Consent & Liability Waiver

Other Side →

I, (name of parent / guardian) _____ agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, St. Edward Catholic Community (its pastor, DRE, CRE, catechists, other agents, etc.) or representatives associated with scheduled activity unless the parties involved were careless or negligent.

In addition to my self and my child's other parent / legal guardian, the following people have my permission to pick up my child/ren from religious education:

Name: _____ Relationship: _____ Contact: _____

Name: _____ Relationship: _____ Contact: _____

Note: *If there is an individual who is legally prohibited from having contact with your child/ren, please submit a copy of the appropriate legal documents with this form.*

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge. I also give release for my child to be photographed and for this photograph to be used for the promotion of the parish. *(If you do not wish for your child's photo to be used, you must submit this in writing to the Director of Religious Education.)*

Signature (Parent/Guardian) _____ Date _____

Medical Information

Name of Family Doctor: _____ Phone: _____

Please list any medical condition, allergy, or physical limitations of which we should be aware:

Name of Child	Medical conditions, allergies, physical limitations, medications taken

Teen Driver /Passenger Permissions

_____ **Permission for Teen Drivers** My child is of driving age and has my explicit permission to drive him/herself to and from class and / or youth ministry events (youth group, bible study, etc.)

_____ **Permission to Transport Other teens** My child is of driving age and has my permission to drive other teens home IF their parents/guardians give written permission.

Signed: _____ Date: _____