

# ST. GEORGE ROMAN CATHOLIC PARISH

## K-8 RELIGIOUS EDUCATION REGISTRATION FORM

2025/2026

**PLEASE PRINT CLEARLY**

**FAMILY INFORMATION:**

**DATE:** \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Guardian's Name (if different): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency or illness, and the parents cannot be reached, do you authorize the Religious Education staff to act if medical assistance is necessary? (Please circle) YES or NO

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

Emergency contact **other than parent**

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Relationship to Child

**REGISTRATION FEES: \$50 PER STUDENT – PAYMENT DUE AT TIME OF REGISTRATION**

Check enclosed     Cash

No Child will be turned away due to financial difficulties. If you require financial assistance, please contact the Parish Office at 480-982-2929.

**VOLUNTEERS NEEDED:**

I'd like to volunteer for:

- Catechist
- Substitute Catechist
- Monitor – Parking/Courtyard

**SEE REVERSE SIDE FOR STUDENT INFORMATION**

**STUDENT INFORMATION:**

**PLEASE NOTE:**

**WE REQUIRE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE AT THE TIME OF REGISTRATION (if not previously provided). IF YOUR CHILD HAS NOT BEEN BAPTIZED, WE REQUIRE A COPY OF THEIR BIRTH CERTIFICATE AT THE TIME OF REGISTRATION.**

1) **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Grade: \_\_\_\_\_  Male  Female  **Has been baptized at:** \_\_\_\_\_

**Has NOT been baptized**

**CLASS SESSION (select one):**

- Kindergarten-3<sup>rd</sup> Grade—Wednesdays 6:00—7:15pm**
- 4<sup>th</sup>/5<sup>th</sup> (God's Angels) Wednesdays 6:00—7:15pm (has received 1<sup>st</sup> Communion)**
- 6<sup>th</sup>- 8<sup>th</sup> (EDGE) Tuesdays 6:30—8:00pm (has received 1<sup>st</sup> Communion)**
- 3<sup>rd</sup> - 5<sup>th</sup> Sacrament Preparation Class—Wednesday 6:00-7:15pm (needs 1<sup>st</sup> Communion)**
- 6<sup>th</sup>- 12<sup>th</sup> Sacrament Preparation Class—Tuesday 6:30-8:00pm (needs 1<sup>st</sup> Communion)**

Any Medical Conditions we need to be aware of?

Condition: \_\_\_\_\_

2) **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Grade: \_\_\_\_\_  Male  Female  **Has been baptized at:** \_\_\_\_\_

**Has NOT been baptized**

**CLASS SESSION (select one):**

- Kindergarten-3<sup>rd</sup> Grade—Wednesdays 6:00—7:15pm**
- 4<sup>th</sup>/5<sup>th</sup> (God's Angels) Wednesdays 6:00—7:15pm (has received 1<sup>st</sup> Communion)**
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Any Medical Conditions we need to be aware of?

Condition: \_\_\_\_\_

3) **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Grade: \_\_\_\_\_  Male  Female  **Has been baptized at:** \_\_\_\_\_

**Has NOT been baptized**

**CLASS SESSION (select one):**

- Kindergarten-3 Wednesdays 6:00—7:15pm**
- 4<sup>th</sup>/5<sup>th</sup> (God's Angels) Wednesdays 6:00—7:15pm (has received 1<sup>st</sup> Communion)**
- 6<sup>th</sup>-8<sup>th</sup> (EDGE) Tuesdays 6:30—8:00pm (has received 1<sup>st</sup> Communion)**
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Any Medical Conditions we need to be aware of?

Condition: \_\_\_\_\_