ST. ROSE OF LIMA RELIGIOUS EDUCATION

REGISTRATION FORM 2026/2027

FAMILY NAME:_____

Address:_____

Father's Name:_____

Religion:_____

Email:_____

Phone:_____

Mother's Name:_____

Religion:_____

Email:_____

Phone:_____

Emergency contact and number:_____

Child Name:_____

Religion:_____

Date of birth:_____

School and Grade:_____

Sacraments received, include dates and church where sacraments were received:

_____

_____

Allergies or any conditions that we should know about your

child_____

Child Name:_____

Religion:_____

Date of birth:_____

School and Grade:_____

Sacraments received, include dates and church where sacraments were received:

_____

_____

Allergies or any conditions that we should know about your

child_____

Child Name:_____

Religion:_____

Date of birth:_____

School and Grade:_____

Sacraments received, include dates and church where sacraments were received:

_____

_____

Allergies or any conditions that we should know about your

child_____

MEDIA & ST. ROSE WEBPAGE CONSENT:

Media could include, but is not limited to: Public Media, Church Media and Web Based Media

As a parent/guardian I (circle) Give / Do Not Give, permission for _____ picture, as part of a group or individual, to be used as indicated above.

Signature_____

Signature Date_____

Fees: 1 Child $25

2 Children $40

Family $75

If paying by check, please make checks out to St. Rose Church.

For office use only: Amount paid_____ Cash or Check#_____ Date received_____