- Religious Education Registration

833 Magellan Drive , Sarasota, FL 34243 **Term:** 2026-2027

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

NOTE:If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: $ _____ **Tuition PAID: $** _____ **Signature:** _____

- Religious Education Registration

833 Magellan Drive , Sarasota, FL 34243 **Term:** 2026-2027

STUDENT INFORMATION

Student Name: ______________________ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: ____________ ☐ Baptism: ____________

Grade: ______________________ ☐ Eucharist: ____________

Session: ______________________ ☐ Reconciliation: ____________

Class: ______________________ ☐ Confirmation: ____________

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

____

STUDENT INFORMATION

Student Name: ______________________ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: ____________ ☐ Baptism: ____________

Grade: ______________________ ☐ Eucharist: ____________

Session: ______________________ ☐ Reconciliation: ____________

Class: ______________________ ☐ Confirmation: ____________

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

____

STUDENT INFORMATION

Student Name: ______________________ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: ____________ ☐ Baptism: ____________

Grade: ______________________ ☐ Eucharist: ____________

Session: ______________________ ☐ Reconciliation: ____________

Class: ______________________ ☐ Confirmation: ____________

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

____

NOTE:If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: $ ____________ **Tuition PAID: $** ____________ **Signature:** ____________________