

Catechetical Year 2023-2024
St. Monica Parish Religious Education Registration
79 Summer Street, Barre, VT. 05641
Phone: (802) 476-4020 Email: stmonicalift@gmail.com

Family: _____

Address: _____

Parent Names:

M: _____ **F:** _____

Cell Phone:

Mother: (____) _____ - _____

Father: (____) _____ - _____

Work/Home Phone:

Mother: (____) _____ - _____

Father: (____) _____ - _____

Email:

M: _____

F: _____

Are both parents Catholic? Yes No

Child(ren) reside with:

Home Parish Name:

Emergency contact:

Name: _____

Relation: _____

Phone: (____) _____ - _____

Parents/Guardians Media Release:

I hereby authorize St. Monica Parish Religious Education Program to use the name, voice, and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated with St. Monica Parish.

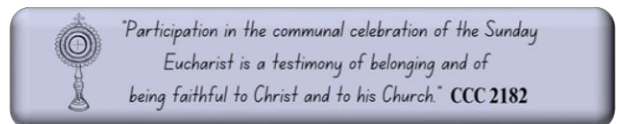
For parents of students in grades K-6: please list those who may pick up your children. Children will only be released to those listed unless otherwise notified:

Parent signature: _____

Date: _____

_____/____/____

By checking this box, I give permission for the PCL to insert the cell phone numbers provided on this form into Flocknote so that I may be able to opt in to receiving Religious Education notifications via text.



Tuition: \$55 for first student

2 or more, \$70 maximum per family

Paid: Yes No

Check Number: _____

Date Received: _____

Student Information:

Student #1: First: _____ Last: _____

Sex: M F **Grade Attending:** _____ **Age:** _____ **Date of Birth:** __/__/____

Special Needs (medical, cognitive, physical): _____

Baptism:

Date: __/__/____ Location: _____



Please attach a copy of your child's baptismal certificate.

Reconciliation

Date: __/__/____ Location: _____

Eucharist

Date: __/__/____ Location: _____

Student #2: First: _____ Last: _____

Sex: M F **Grade Attending:** _____ **Age:** _____ **Date of Birth:** __/__/____

Special Needs: (medical, cognitive, physical) _____

Baptism:

Date: __/__/____ Location: _____



Please attach a copy of your child's baptismal certificate.

Reconciliation

Date: __/__/____ Location: _____

Eucharist

Date: __/__/____ Location: _____

Student #3: First: _____ Last: _____

Sex: M F **Grade Attending:** _____ **Age:** _____ **Date of Birth:** __/__/____

Special Needs: (medical, cognitive, physical) _____

Baptism:

Date: __/__/____ Location: _____



Please attach a copy of your child's baptismal certificate.

Reconciliation

Date: __/__/____ Location: _____

Eucharist

Date: __/__/____ Location: _____

Student #4: First: _____ Last: _____

Sex: M F **Grade Attending:** _____ **Age:** _____ **Date of Birth:** __/__/____

Special Needs: (medical, cognitive, physical) _____

Baptism:

Date: __/__/____ Location: _____



Please attach a copy of your child's baptismal certificate.

Reconciliation

Date: __/__/____ Location: _____

Eucharist

Date: __/__/____ Location: _____