

**Church of the Visitation
Religious Education
Program
Registration Form 2017-
2018**

**Book/Supply Fee:
Parishioners: \$25.00/child
Non-Parishioners:
\$35.00/child**

**Paid: \$ _____
Check # _____**

Family Name: _____ **Parish Registered with:** _____

Father's Full Name: _____ **Religion:** _____

Cell Phone: _____ **Email:** _____

Mother's Full Name: _____ **Maiden Name:** _____

Cell Phone: _____ **Religion:** _____

Email: _____

Child/ren resides with: _____

Address: _____

City: _____ **Zip:** _____

Emergency Contact: _____ **Phone:** _____
(Other than home)

Child's Name: _____

Date of Birth: _____ **Grade:** _____ **Allergies/Special info:** _____

Sacraments Received: Baptism ___ **Reconciliation:** ___ **Holy Eucharist:** ___ **Confirmation:** ___

Child's Name: _____

Date of Birth: _____ **Grade:** _____ **Allergies/Special info:** _____

Sacraments Received: Baptism: ___ **Reconciliation:** ___ **Holy Eucharist:** ___ **Confirmation:** ___

Child's Name: _____

Date of Birth: _____ **Grade:** _____ **Allergies/Special info:** _____

Sacraments Received: Baptism: ___ **Reconciliation:** ___ **Holy Eucharist:** ___ **Confirmation:** ___

In accordance with the Bishop of Austin, I have chosen to enroll my children in the Church of the Visitation Religious Education Program. The program exists to support me in my role as my child's **primary educator** in the ways of faith. I understand that the primary purpose of the religious education program is to teach the rituals and traditions of the Catholic Faith. The program cannot be successful in this mission unless its teachings are reinforced by my own example and practice of faith.

Therefore, I promise to support my child's faith formation by:

- **Talk with my child about their lesson in Religion each day**
- **Talk frequently about the traditions and customs of our Catholic Faith**
- **Regularly attending Mass as a family and discuss the readings and homilies with him/her**
- **Praying in our home and at family meals**
- **Reading the Scriptures in our family**
- **Faithfully bringing my child to class on time. (Arrival time; 7:00am-7:15 am)**

Parents Signature: _____ **Date:** _____

The parent's signature indicates that you have read the Parent and Student Handbook and are willing to participate in the above activities and expectations and will discuss and explain them with your children. The information above is included in your Parent

Information Packet so that you will have it at home for sharing with your children.
Your cooperation and participation is very important and greatly appreciated. Thank you!

Additional Children Information:

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Family Name: _____

Child's Name: _____

Date of Birth: _____ Grade: _____ Allergies/Special info: _____

Sacraments Received: Baptism ___ Reconciliation: ___ Holy Eucharist: ___ Confirmation: ___

Child's Name: _____

Date of Birth: _____ Grade: _____ Allergies/Special info: _____

Sacraments Received: Baptism: ___ Reconciliation: ___ Holy Eucharist: ___ Confirmation: ___

Child's Name: _____

Date of Birth: _____ Grade: _____ Allergies/Special info: _____

Sacraments Received: Baptism: ___ Reconciliation: ___ Holy Eucharist: ___ Confirmation: ___