OUR LADY OF THE PILLAR CHURCH

RELIGIOUS EDUCATION PROGRAM

(ENGLISH PROGRAM)

First Year

2026-2027

Today's date:_____

Student Name:_____

Address:_____

Birth City and State:_____ Date of Birth:_____ Age:_____

Parish of Baptism:_____ Date of Baptism: _____

School: _____ Grade:_____

Father's name: _____ Catholic:_____ Married: ____yes ___ no

Phone number:_____Email:_____

Mother's name:_____ Catholic:_____ Married: ____yes ____no

Phone number:_____ Email:_____

Person to call in case of emergency:_____

Relationship with child: _____ Phone number:_____

In case of emergency, may your child receive minor first aid while in catechism: _____yes _____no

If you do not want first aid, explain why: _____

_____

Does your child has any condition or allergies that we should know?_____

If the answer is yes, please explain**:** _____

_____

Additional information:

1)The child must have attended one year of religious formation previously and their attendance must be consistent with no more than 3 absences.

2) Parents will pledge to continue bringing them to class after First Communion

3) The attendance of the children must be regular and without being late.

4) You must present a copy of the Birth Certificate and the Baptismal Certificate.

5) They must attend Mass every Saturday or Sunday of the month and arrive ON TIME FOR MASS.

6) Parents must attend all Parent meetings.

RESPONSIBILITY: We, the parents, or guardians of the above-mentioned child, give our permission to participate in all Religious Education activities. We agree to help our child actively participate, cooperate in activities, and obey teacher instructions. We agree that if our child were to have an accident as a result of participating in the activities of the School of Religious Education, including transportation (not caused by the negligence of the Parish / School of Religious Education or their representatives). The necessary resources for hospital, medical care and other expenses or payments will be presented against the insurance that represents us.

I accept these conditions

Signature of the Mom or Dad: _____ Date:_____

Registration Fee: $ 200.00 per child PAYMENT: _____ DATE: _____

Complete all of these and return it to the office.

☐ Fill out and sign the form
☐ Copy of the Birth Certificate
☐ Copy of the Baptism Certificate
☐ Payment