

For Office Use:
Family Name _____
School Year: 2025-2026
Fee: _____ Check #: _____

**Stella Maris/Epiphany Parishes
2025-2026**

PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME: _____

ADDRESS: _____

CITY/ZIP CODE: _____

E-MAIL: _____

HOME PHONE: _____

FATHER'S NAME: _____

WORK OR CELL #: _____ **RELIGION:** _____

MOTHER'S NAME: _____

WORK OR CELL #: _____ **RELIGION:** _____

Custody: Are there any custody/legal issues? Yes No

(If yes, please provide a complete copy of the latest court order.)

***Name of person legally responsible for Religious Education if not a Parent or Legal Guardian**

*Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.

_____ **Relationship:** _____

I have read the Family Handbook and agree to the requirements and expectations of the Epiphany/Stella Maris Religious Education Program.

I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/ archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature _____ **Date** _____

Relationship to Child(ren): _____

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: _____ **Relationship:** _____

Phone Number (home): _____ **(Cell):** _____

Consent For Medical Care:

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Epiphany/Stella Maris Parishes

Signed (Parent or Legal Guardian): _____ **Date:** _____

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Family Name: _____

Child's Full Name (First, Middle, & Last): _____

Date of Birth: _____

Sex: Male Female

Grade Level of Day School: _____

Name of Day School: _____

Baptism Date: _____ Parish/Town: _____

First Penance Date: _____

First Communion Date: _____

Ethnicity: Hispanic/Latino Non- Hispanic/Latino

Race: (Please choose only one) American Indian/Native Alaskan Native Hawaiian/Pacific Islander Asian White Black/African America Two or more races Other Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes No

Prescribed Medications Yes No

Learning Support Services or *Disability (see IDEA definitions below) Yes No

IEP Individualized Education Program Yes No

**Immunization Are your child's vaccinations up to date? Yes No

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? Yes No

Please complete information here or add any other information about your child that should be communicated?

** IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

**Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.