

**St. Anthony Mission -- St. Elizabeth Parish****Student Registration for Religious Education****School Year 2020-2021**

All families must be registered members of the parish to enroll their children in Religious Education classes. If you have not yet registered in the parish, please complete a registration form and turn it in with these forms. Please attach payment and for grades K-2, a copy of your children's Baptismal Certificate(s) if not already submitted. **For organizational purposes, please submit all these documents at the same time.**

You may choose in person or online learning through My Catholic Faith Delivered for each child. My Catholic Faith Delivered follows along with our text book series, Faith and Life. Students will play games and take a test with each chapter. They may not proceed until they have scored at least an 80% for each chapter. Please note for Sacrament year classes (grades 2, 7, 8) that there will be additional Zoom classes twice a month for preparation for the Sacrament. Once social distancing rules are relaxed, children in Sacrament year classes will resume in-person instruction.

Parent Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Father's Name \_\_\_\_\_ Father's Religion \_\_\_\_\_

Father email \_\_\_\_\_

Father cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Mother email \_\_\_\_\_

Mother cell \_\_\_\_\_

1. As the parent(s) of this child, I realize that I am primarily responsible for his/her religious education.
2. As a parent, I will make sure that my child attends religious education classes each week.
3. As the parent of this child, I will encourage him/her to study, complete assignments, and put into practice the religious teachings and values being learned through religious education classes.
4. I will support the Religious Education Program by supporting the teachers in their efforts and by encouraging my child's cooperation and ensuring that my child's work and projects are timely completed.
5. I am aware that habitual tardiness and/or absence from class may delay my child's reception of the Sacraments of First Holy Communion and Confirmation.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

**RE Fees: \$125 per child, \$175 for two, \$200 max per family.** If the fees are a hardship for your family, please contact us and we will make arrangements. All conversations of this nature are kept strictly confidential, and no child is left out of the program due to a financial hardship.

Please return this form and payment to the Office of Religious Education either in person at the Parish Office, mailing or scanning/emailing them to:

Terri Tolley, DRE: 8270 Saddle Drive, King George, VA 22485 [stadre@va.metrocast.net](mailto:stadre@va.metrocast.net) 540-847-9895

**Student 1 Information**

**I wish my child to participate in RE \_\_\_\_\_ in person \_\_\_\_\_ online through My Catholic Faith Delivered**  
(Please note for sacrament years online classes will be discontinued once social distancing rules are eliminated. Sacrament year classes will also require bi-weekly Zoom meetings for additional preparation).

**Grade for 2020-2021 \_\_\_\_\_**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Sacraments Already Received (Please Circle)    Baptism    Penance    Communion    Confirmation

Date of Baptism \_\_\_\_\_ Church of Baptism, city and state \_\_\_\_\_

Has your child received any previous Catholic Religious Education?    Yes    No

If yes, name of parish, city and state \_\_\_\_\_

Any allergies, medical or special needs? \_\_\_\_\_

\_\_\_\_\_ My child is behind on his or her Sacraments. Please contact me regarding Sacrament catch-up.    Yes    No

**Student 2 Information**

**I wish my child to participate in RE \_\_\_\_\_ in person \_\_\_\_\_ online through My Catholic Faith Delivered**  
(Please note for sacrament years online classes will be discontinued once social distancing rules are eliminated. Sacrament year classes will also require bi-weekly Zoom meetings for additional preparation).

**Grade for 2020-2021 \_\_\_\_\_**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Sacraments Already Received (Please Circle)    Baptism    Penance    Communion    Confirmation

Date of Baptism \_\_\_\_\_ Church of Baptism, city and state \_\_\_\_\_

Has your child received any previous Catholic Religious Education?    Yes    No

If yes, name of parish, city and state \_\_\_\_\_

Any allergies, medical or special needs? \_\_\_\_\_

\_\_\_\_ My child is behind on his or her Sacraments. Please contact me regarding Sacrament catch-up

**Student 3 Information**

**I wish my child to participate in RE \_\_\_\_\_ in person \_\_\_\_\_ online through My Catholic Faith Delivered**  
(Please note for sacrament years online classes will be discontinued once social distancing rules are eliminated. Sacrament year classes will also require bi-weekly Zoom meetings for additional preparation).

**Grade for 2020-2021 \_\_\_\_\_**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Sacraments Already Received (Please Circle)    Baptism    Penance    Communion    Confirmation

Date of Baptism \_\_\_\_\_ Church of Baptism, city and state \_\_\_\_\_

Has your child received any previous Catholic Religious Education?    Yes    No

If yes, name of parish, city and state \_\_\_\_\_

Any allergies, medical or special needs? \_\_\_\_\_

\_\_\_\_ My child is behind on his or her Sacraments. Please contact me regarding Sacrament catch-up.    Yes    No

**Student 4 Information**

**I wish my child to participate in RE \_\_\_\_\_ in person \_\_\_\_\_ online through My Catholic Faith Delivered**  
(Please note for sacrament years online classes will be discontinued once social distancing rules are eliminated. Sacrament year classes will also require bi-weekly Zoom meetings for additional preparation).

**Grade for 2020-2021 \_\_\_\_\_**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Sacraments Already Received (Please Circle)    Baptism    Penance    Communion    Confirmation

Date of Baptism \_\_\_\_\_ Church of Baptism, city and state \_\_\_\_\_

Has your child received any previous Catholic Religious Education?    Yes    No

If yes, name of parish, city and state \_\_\_\_\_

Any allergies, medical or special needs? \_\_\_\_\_

\_\_\_\_ My child is behind on his or her Sacraments. Please contact me regarding Sacrament catch-up

