

Registration Form for Religious Education (Grades K-8)
St. Mary Star of the Sea
16 Bidwell Square
Unionville, CT 06085

Today's Date _____

Family Name _____

Address _____

Home Phone _____

Registered parishioner?: Y N (Families not appearing on our parish census will be charged an extra fee for R.E. In addition, non-parishioners must provide a letter of permission from their home parish prior to celebration of First Communion.)

Father _____ Mother _____

Daytime Phone: _____ Daytime Phone: _____

I am interested in volunteering as (Please check one):

A catechist ____

A classroom aide ____

=====Emergency Information=====

In the event of an emergency we will contact you first at the phone numbers listed above. Please provide one additional contact below.

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Our Religious Education program is an aid to you as a parent in your role as primary teacher of our faith as promised at Baptism. We expect that you will keep informed about what your child is learning, ensure regular attendance at class, and communicate with your child's teacher when he/she must be absent. If a lesson is missed, it is the parent's responsibility to go over the work with their child. A child who does not complete the course of study is not eligible for promotion to the next grade.

We also expect that you will make every effort to take your child to mass on Sunday. It is impossible to teach a faith that is not practiced.

I understand and agree to the above _____

Signature of Parent or Guardian

Student Name _____ Sex: ____ Grade in Fall _____

Birth Date _____

Baptism date _____ Baptized at _____

Date and church of of First Reconciliation _____

Date and Church of First Communion _____

Health concerns or allergies _____

Other comments _____

Student Name _____ Sex: ____ Grade in Fall _____

Birth Date _____

Baptism date _____ Baptized at _____

Date and church of of First Reconciliation _____

Date and Church of First Communion _____

Health concerns or allergies _____

Other comments _____

Student Name _____ Sex: ____ Grade in Fall _____

Birth Date _____

Baptism date _____ Baptized at _____

Date and church of First Reconciliation _____

Date and Church of First Communion _____

Health concerns or allergies _____

Other comments _____

This form must be filled out completely (including signature on the front) or it cannot be processed.

Classes begin the last week of September. Your child's teacher will call you a week or so prior to that with information regarding when and where the class will be held. If you have a conflict with the class time, please call our office and we will try to accommodate your child in another class. If you would prefer home study please note that on the "comments" section of the form.