



St. Pius X Catholic Church

7800 Halprin Drive, Norfolk, VA 23518
Telephone (757)583-0291 Fax (757)583-0293

RELIGIOUS EDUCATION PROGRAM 2019-2020 – REGISTRATION FORM

- You must be a registered family at St. Pius to register for Religious Education, or have a letter of permission from your parish where you are registered.
- Only 1 registration form per family is required for K-5th grade

FAMILY LAST NAME on Parish Registration: _____

Address: _____ Primary Phone #: _____
Street City Zip Code

FATHER'S INFORMATION

Name: _____ Living Deceased Religion: _____

Email: _____ Cell phone #: _____

MOTHER'S INFORMATION

Maiden Name: _____ Living Deceased Religion: _____

Email: _____ Cell phone #: _____

EMERGENCY CONTACT (Person to be reached during Religious Ed)

Name: _____ Relationship to child: _____ Phone #: _____

FAMILY BACKGROUND

Married Separated Divorced Single Remarried

Ethnicity: African American Asian American Caucasian Hispanic/Latino
 Native American Other: _____

Children live with _____

I give St. Pius X Church permission to print my child's name in the church bulletin or sacramental booklets YES NO

I give permission for pictures and/or videos of my child/children (named on the back) engaged in activities YES NO related to Religious Education or parish event to have their pictures posted in St. Pius X publications or websites. Names of participants will not be used without expressed permission from the parent or guardian.

If no box is checked the Diocese of Richmond and St. Pius X Church assumes you give permission.

Parent signature: _____ Printed Name: _____ Date: _____

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Form Received on _____ Parish ID# _____ Data OK?: Yes No → Parish registration data updated on:

Amount Paid \$ _____ Cash check # _____ Processed by _____ ParishSoft Reg.Card

INFORMATION ON INDIVIDUAL CHILDREN who will be attending Religious Ed K-5 on Sunday morning. **New students** entering the program **require Baptismal Certificates** if Baptism was not done at St. Pius X.

STUDENT 1

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2019-2020: _____ School 2019-2020: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion Confirmation

Special Requests/Needs: _____

Medical Condition or Allergies: _____

STUDENT 2

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2019-2020: _____ School 2019-2020: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion Confirmation

Special Requests/Needs: _____

Medical Condition or Allergies: _____

STUDENT 3

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2019-2020: _____ School 2019-2020: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion Confirmation

Special Requests/Needs: _____

Medical Condition or Allergies: _____

PLEASE NOTE: THERE IS NO CHARGE FOR ST.PIUS X RELIGIOUS EDUCATION PROGRAMS.

We do require, though, that you make the following commitments:

I will contribute financially to St. Pius X Parish to the best of my ability, **AND** I will offer my time and talents in the following way(s) (Check at least one):

- Catechist/Teacher Catechist Assistant Hall/Safety Monitor Meal/Snack Preparation Meal Service
- Preparing Materials Administrative/Record-Keeping Communications Catechetical Team Set-Up
- Clean-Up Vacation Bible School Child Care Transportation.

Parent's Signatures: _____