

**St. Louis Catholic Church  
Religious Education Registration  
7270 SW 120th Street Miami, FL 33156**

Mr. & Mrs. \_\_\_\_\_ Dr. & Mrs. \_\_\_\_\_ Mr. & Dr. \_\_\_\_\_ Drs. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss. \_\_\_\_\_ Ms. \_\_\_\_\_

**Family:**

**Names**

**Address**

**City, State Zip**

**Home Phone:**

**Cell phone#1:**

**Cell phone#2:**

**Family email address:**

**Add'l email address:**

**Is your family registered at St. Louis? Yes/ No**

**Preferred Language:**

English/Español

**Envelope #**

**Español solamente?**

Si/No

**Custodial Parent, if different from above:**

**Add'l mailing address:**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Child**

**Age**

**Birthdate**

**Gender**

**Sacrament and Date:**

**Baptism**

**Catholic?**

**Eucharist**

**Reconciliation**

**Confirmation**

(check & date)

**2010-2011 Grade** \_\_\_\_\_

**SunPK9:30** \_\_\_\_\_ **Mon4:15** \_\_\_\_\_ **Tues5:45** \_\_\_\_\_ **Weds4:15** \_\_\_\_\_

(PK only)

**ConfSun4:00** \_\_\_\_\_ **NewLifeSun4:00** \_\_\_\_\_ **ROCKTues7:30** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Previous Religious Education: Where? Years?** \_\_\_\_\_

**Special needs: medical, allergies, learning disabilities, physical disabilities:** \_\_\_\_\_

**CCD Office Use only:**

**Tuition Due:** \_\_\_\_\_ **Tuition Paid:** \_\_\_\_\_ **Confirmation Robe Paid:** \_\_\_\_\_ **Height:** \_\_\_\_\_

CCD Office Signature: \_\_\_\_\_

**Emergency contact: Please complete the following authorization form with the names of emergency contacts that will be contacted by the CCD office, if the parents/guardians cannot be located. You authorize St. Louis Catholic Church to transport child to an emergency room in the event of accident or sickness. The parents are responsible for all the medical expenses incurred during this emergency. List two (2) persons in priority order:**

<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____
		<b>Cell</b> _____
<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____
		<b>Cell</b> _____
<b>Family Doctor Name:</b> _____		<b>Phone:</b> _____

**List the Names of Authorized or Not Authorized persons to pick up your child from CCD on class days**

**Authorized:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Not Authorized:** \_\_\_\_\_

**Parents/Guardians are responsible to notify in writing to the Religious Education/CCD office of any changes to this information.**

**Parental Consent Form for Media Release**

We encourage the whole family to enjoy pictures and videos of our children's prayer, singing and Gospel plays on the Religious Education Section of our website: [www.stlouismiami.org](http://www.stlouismiami.org)

**YES, my child's photograph/video may be reproduced and released for educational purposes.**

**NO, my child's photograph/video may not be reproduced or released.**

**Touching Safety Program**

Teaching children to protect themselves is part of the mandate of the Charter for the Protection of Children and Young People adopted by the United States Conference of Catholic Bishops in June 2002. During the school year we will teach two lessons on "Touching Safety" for all grades. These sessions are merely to reinforce what you teach at home. Materials for parents are available in the Religious Education Office and at [https://www.virtusonline.org/mypage/exploring\\_virtus.cfm](https://www.virtusonline.org/mypage/exploring_virtus.cfm).

**YES, my child may attend the Touching Safety program.**

**NO, my child may not attend the Touching Safety program.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Can we count on you to assist us this year? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Maybe** \_\_\_\_\_