



1601 N. Tennessee Blvd | Murfreesboro, TN 37130 | (615) 893-1843 | www.saintrose.org

RELIGIOUS EDUCATION FAMILY REGISTRATION FORM

Please fill out **the Family Form**- this is a onetime form for as long as your child/youth is in St. Rose Rel. Ed

This form is required for all initial PSR registrations

Registration fee is due at time of registration

Early registration discount if submitted by **May 25, 2018**

Please Print Legibly

Year Enrolled _____

Family Name _____

Parents

Parent(s) Single Married Separated Divorced

MOTHER Ms. Mrs. Dr. _____

Catholic Yes No

Nickname/Preferred

First

Middle

Last

Maiden

Home Address

City

State

Zip

Home Phone

Cell Number

Occupation

E-Mail Address

FATHER Mr. Dr.

Catholic Yes NO

Nickname/Preferred

First

Middle

Last

Home Address

City

State

Zip

Home Phone

Cell Number

Occupation

E-Mail Address

**Names of
Step-parents**

FATHER'S SPOUSE () Ms. () Mrs. () Dr.
Catholic () Yes () No

Nickname/Preferred

First Middle Last Maiden

Home Address City State Zip

Phone Cell Number

Occupation E-Mail Address

MOTHER'S SPOUSE () Mr. () Dr.
Catholic () Yes () No

Nickname/Preferred

First Middle Last Maiden

Home Address City State Zip

Home Phone Cell Number

Occupation E-Mail Address

**Guardianship
Information**

If divorced or legally separated, who is the custodial parent? () Mother () Father () Both
If divorced, applicant primarily resides with () Mother () Father () Both
If parents are deceased, please fill out the following section

Guardian Name(s)

Address

Home Phone Number Cell Number Work Number

Guardian(s) Religion Relationship to Child

Students Registered

First & Last Name Date of Birth

Financial Assistance

Would you like to be considered for financial assistance? If so, you are asked to submit a letter of hardship to the DRE along with your registration packet. You may also be contacted by the DRE and you may be asked to cover a portion of the cost for book expense

() Yes () No

NOTE: ALL INFORMATION ABOVE IS STRICTLY CONFIDENTIAL

Photo Release

(Please Choose One)

_____ I hereby agree to the release of any photographs including their name, taken of my child at Saint Rose of Lima Catholic School for any and all publicity and promotional purposes including but not limited to advertisements, brochures, newsletters, yearbook and the school web site.

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_____ I do not give permission to publish photographs of my child.

Signature of Parent

I understand that by enrolling and signing this form means that I am fulfilling the following requirements

- * Family must be registered in a Catholic Parish
- * At least 1 parent/guardian must be either baptized Catholic or must have received initiation into the Catholic Church
- * Families must fulfill their Sunday Mass obligations on a weekly basis.
- * Families must actively support the parish community to the best of their ability through time, talent, and treasure
- * Families must use the parish envelope system to contribute to the parish operating fund on a regular and continuous basis

Signature of Parent/Guardian

Date

Payment Form

Dear Parents,

We continue to develop and institute many new and exciting programs which will be beneficial to our parish. **Once again, we are offering an early enrollment discount if forms & payment are turned in by May 25, 2018. Please note that your child(ren) will not be able to begin class until the registration form(s) have been turned in to the Religious Education Department.**

Confirmation has undergone some changes as well; it is still a two year program with students being Confirmed in the students second year. Again, we will hold a parent meeting to share with you the changes that have been made.

Our program has taken on a whole new look and we are offering so much more for our youth. It is important for us to bond as a family in Christ. In an area where only 7% are Catholic, we want to offer opportunities for the youth to meet one another and enjoy, but also where they can come face to face with Jesus Christ. If you have questions, please feel free to contact us at any time. – *Michaela Miller, Director of Religious Ed.*

Child(rens) Names _____

Preschool - 6th Grade Registration Fee

_____ \$55.00 registration fee attached
(Per Student) 1 child = \$55.00
2 children = \$110.00
3 + children + \$165.00

_____ \$45.00 early registration fee attached
(Per Student) 1 child = \$45.00
2 children = \$90.00
3 + children + \$135.00

CONFIRMATION Registration Fee

Fee for both Year One & Year Two is payable in Year One only.

_____ \$125.00 Registration Fee Attached
(Per Student)

_____ \$115.00 Early Registration
Fee Attached (Per Student)

***NOTE: No multi child discount available for Confirmation**

Must turn in payment by May 25, 2018 to receive early discount.

_____ I would like to make a donation to the Religious Ed. scholarship fund to help pay for the religious education of a child in financial need in the amount of... (Circle one) \$50.00 \$100.00 \$125.00 \$150.00 Other _____

_____ I am currently unable to pay anything to support the St. Rose Religious Ed. but will contribute what I can if I should become able in the future. In the meantime, I promise to:

(Circle all that apply) Attend Mass Weekly Pray daily for the children of St. Rose Parish
Volunteer as a PSR Catechist or Classroom Helper Volunteer for another St. Rose ministry

_____*Attached is my child's Baptism Certificate for incoming Preschool – 2nd grader.

_____*Attached is my child's updated Baptism Certificate with First Holy Communion notations for incoming 3rd grade & up.

*Please note that if you have already turned in their certificate last year, no need to submit again.

Parent Name _____ Signature _____ Date _____
(Please Print)

***NOTE: Deadline for certificates -- November 30th, 2018 for 2019 sacraments.
Please make check payable to St. Rose**

(Office Use Only)

Total Due\$ _____ PSR Students _____
Total Payment\$ _____ Confirmation Students _____
Date Received _____ Check# _____ Check Amt. _____ Cash Amt. _____ PDS _____ File complete _____