



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

# RELIGIOUS EDUCATION STUDENT REGISTRATION FORM

Please fill out **one form per student**- this is a onetime form for as long as your child/youth is in St. Rose Rel. Ed

This form is for PSR classes **CGS (PK) – 6<sup>th</sup> Grade**

**Please Print Legibly**

Registration fee of \$55.00 is due at time of registration.

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

Applying for Grade

CGS  K  1  2  3  4  5  6  
Age 3&4 (Pre-K)

Delayed Sacrament ~ Is your child past the 2<sup>nd</sup> grade? Did he/she miss First Communion?

RCIC ~ Is your child 8 or older & has not been Baptized?

School Grade 2018-2019?

Year Enrolled

\_\_\_\_\_

Applicant

**STUDENT NAME**

\_\_\_\_\_  
Last First Middle Nickname/Preferred

Male  Female \_\_\_\_\_ **Catholic**  Yes  No  
Birthdate (month/day/year)

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Home Phone Number Parent Email Address (Required)

\_\_\_\_\_  
Cell Phone/Mother Cell Phone/Father

Black/African Am. ( ) White ( ) Hispanic/Latino ( ) Two or more race ( ) Asian ( )  
American Indian/Native Alaskan ( ) Native Hawaiian/Other Pacific Islander ( )

Religion/  
Sacraments

Student's Religion \_\_\_\_\_ Registered Parish \_\_\_\_\_

**Please circle which sacraments your child has already received:**

**Baptism** Date of Baptism \_\_\_\_\_  
Church Name \_\_\_\_\_

**First Reconciliation** Date of Reconciliation \_\_\_\_\_  
Church Name \_\_\_\_\_

**First Communion** Date of First Communion \_\_\_\_\_  
Church Name \_\_\_\_\_

< Over >

**Emergency Contact**

---

Name	Emergency Phone #	Relationship to Student
------	-------------------	-------------------------

**Students interests and activities**

List extra-curricular interests (i.e. music, sports, computer)

---

**Current School**

---

Applicant's Present School

**Applicant Information**

If applicable, please complete:

Is your child receiving any special accommodations in their current academic environment?

---

---

Please list any medical conditions or special circumstances your child has. (For example, illness, learning differences, ADD, ADHD, physical handicaps, frequent relocations, etc) If the applicant has documented learning deficiencies, we **MUST** receive a copy of the evaluation documenting the learning.

---

Does your child take medication that we should be aware of for an existing condition? Please list medication and condition for which it is prescribed.

---

---

---

**(Parish Office Use)**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Check Amt \_\_\_\_\_ Cash \_\_\_\_\_ PDS \_\_\_\_\_ File Complete \_\_\_\_\_