



**ST. MONICA CATHOLIC CHURCH RELIGIOUS EDUCATION**  
**2nd GRADE REGISTRATION/First Communion - 2010/2011**



Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (including nickname, if this is what student is called)

Grade entering in August, 2019: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parents' First and Last Names: \_\_\_\_\_

Home address with City AND ZIP CODE: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Father's Work/Cell Phones \_\_\_\_\_ Mother's Work/Cell Phones: \_\_\_\_\_

Housing Addition: \_\_\_\_\_

**CHECK CLASS PREFERENCE BELOW**

- \_\_\_ Sundays from 9:05 a.m.-10:20 a.m. (2nd - 6th grade meet at this time) - Classes Start Sept. 12
- \_\_\_ Tuesdays from 4 p.m.-5:15 p.m. (Kindergarten through 6th meet) - Classes Start Tuesday, Sept. 7
- \_\_\_ Wednesdays from 5:15 p.m.-6:30 p.m. (1st through 6th grade will meet) - Classes Start Wednesday, Sept. 8

**PARENTS!**

**Please indicate below the ways that you can help with RE for any grade level in the 2009/2010 school year**

\_\_\_ I would like to teach grade \_\_\_\_\_ with this co-teacher \_\_\_\_\_

\_\_\_ I would like to be an aide for grade(s) \_\_\_\_\_.

\_\_\_ I would like to be a substitute teacher in grade(s) \_\_\_\_\_.

The day I'd like to do this is (any of the above three options): \_\_\_\_\_

\_\_\_ **I would be interested in learning more about my faith as an adult**

**between Masses on Sunday \_\_\_ during a weekday \_\_\_ on a weeknight \_\_\_**

**Area where I could help with teenage Youth is:**

service projects \_\_\_ chaperone in the Youth Room \_\_\_ praise and worship music \_\_\_

**MEDICAL PERMISSION SLIP**

**Does your student have any diagnosed learning disabilities, health problems, etc. of which you wish us to be aware?**

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_ Parent's SS # \_\_\_\_\_

**In case of emergency, If the parents can't be reached please call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please seek medical attention for my child in an emergency. I give permission to treat my student. Furthermore, the undersigned gives permission to St. Monica Catholic Church to photograph his or her son or daughter and use the resulting photographs for any purpose that St. Monica deems proper.

**PARENT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



**COMPLETE THE SECTION ON THE BACK OF THIS PAGE  
 AND SUBMIT WITH YOUR CHILD'S BAPTISMAL CERTIFICATE,  
 unless child was baptized at St. Monica Catholic Church. (Over)**

## 2010/2011 - FIRST COMMUNION INFORMATION

**BAPTISMAL NAME (CHILD'S FULL NAME)**

\_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street / City / State / Zip Code

**Phone Number:** \_\_\_\_\_  
Home and/or Cell

**Date of Birth:** \_\_\_\_\_

**City, State of Birth:** \_\_\_\_\_

### *VERY IMPORTANT*

**Has your Child been Baptized? \_\_\_ Yes \_\_\_ No**

**If No, then contact Katie Gordy at 359-2700 immediately!**

**If Yes, then complete below and submit a copy of child's Baptismal Certificate, which must be on file in the office on or before October 1.**

### *BAPTISMAL INFORMATION*

**Baptized Date: Month/Day/Year:** \_\_\_\_\_

**Church Where Baptized:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

***Note: Your child must be Baptized before doing First Reconciliation and First Communion. A Baptismal Certificate must be on file in the office on or before October 1.***

**FATHER'S FULL NAME:** \_\_\_\_\_

**MOTHER'S FULL MAIDEN NAME:** \_\_\_\_\_

Office Use Only

\_\_\_\_ Register: \_\_\_\_\_  
\_\_\_\_ Certificate  
\_\_\_\_ PDS