



Office of Religious Education
 Saint Louis Catholic Church
 STUDENT REGISTRATION FORM 2009-10

Please complete a separate
 Student Registration Form
 for *each* child enrolling.
 Please print all responses!

RE OFFICE USE ONLY	
RE No.	_____
Family Name	_____
Child Last Name	_____

CHILD 1 2 3 4 5 (circle number corresponding to Family Registration Form) Child's Name _____
 Child's Nickname _____ Date of Birth _____ Male Female Primary Language _____
 Father's Name _____ Mother's Name _____ Parish ID No. _____
 RE Grade (2009-10) _____ Last RE Grade Attended _____ Where? _____
 Academic Grade (2009-10) _____ Name of Academic School (2009-10) _____

PROFILE OF SACRAMENTS ALREADY RECEIVED

All new students must submit a copy of their **Baptismal Certificate** (duplicates only; please do not provide originals).
 Canon Law requires proof of Baptism before Sacraments can be dispensed.

BAPTISM:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	at Saint Louis Parish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FIRST PENANCE:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	at Saint Louis Parish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FIRST HOLY COMMUNION:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	at Saint Louis Parish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONFIRMATION:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	at Saint Louis Parish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT MEDICAL PROFILE

Students enrolled in the RE Program must be able to carry and administer their own medical treatments.

Allergies to Allergens, Medicines, Foods, Other: _____
 Other Medical Conditions: _____
 Special Instructions: _____
 EpiPen: My child self-administers epi-pen. Someone I designate will be on-site weekly to administer my child's epi-pen.
 I understand and consent to this policy regarding epi-pen administration: _____ . (Signature required)

STUDENT EDUCATIONAL NEEDS SUPPORT PROFILE

Please indicate your child's educational support needs so that these needs can be better served in religious education class.

Special Needs _____
 Learning Disabilities _____
 Emotional Concerns _____

CCD SESSION SCHEDULES

Select your child's class schedule from the options below and indicate your choice in the box to the right.

SESSION ONE: MONDAY, 5:45-7:00 PM

Grades offered: K, 1, 2, 3, 4, 5, 6, 7, 8, 9, HS(10-12)

SESSION TWO: WEDNESDAY, 6:45-8:00 PM

Grades offered: K, 1, 2, 3, 4, 5, 6, 7, 8, 9 and these Catch-Up Classes: SPW1 (Gr.3-6) & SPW2 (Gr.7-8)

STUDENT SCHEDULE CHOICES

Please indicate below your first and second choices for your child's session and grade:

RE GRADE _____

1st Choice: SESSION ONE TWO

2nd Choice: SESSION ONE TWO

ADDITIONAL REMARKS

