



St. Pius X Catholic Church

7800 Halprin Drive, Norfolk, VA 23518
Telephone (757)583-0291 Fax (757)583-0293

RELIGIOUS EDUCATION PROGRAM 2018-2019 – REGISTRATION FORM

- You must be a registered family at St. Pius to register for Religious Education, or have a letter of permission from your parish where you are registered.
- Do not let finances be an obstacle to your child’s Religious Education. Please be in touch with the parish DRE if there is a problem.
- Only 1 registration form per family is required for K-5th grade

FAMILY LAST NAME on Parish Registration: _____

Address: _____ Primary Phone #: _____
Street City Zip Code

FATHER'S INFORMATION

Name: _____ Living Deceased Religion: _____

Email: _____ Cell phone #: _____

MOTHER'S INFORMATION

Maiden Name: _____ Living Deceased Religion: _____

Email: _____ Cell phone #: _____

EMERGENCY CONTACT (Person to be reached during Religious Ed)

Name: _____ Relationship to child: _____ Phone #: _____

FAMILY BACKGROUND

Married Separated Divorced Single Remarried

Ethnicity: African American Asian American Caucasian Hispanic/Latino
 Native American Other: _____

Children live with _____

I give St. Pius X Church permission to print my child’s name in the church bulletin or sacramental booklets YES NO

I give permission for pictures and/or videos of my child/children (named in the back) engaged in activities YES NO
related to Religious Education or parish event to have their pictures posted in St. Pius X publications or websites. Names of participants will not be used without expressed permission from the parent or guardian.

If no box is checked the Diocese of Richmond and St. Pius X Church assumes you give permission.

Parent signature: _____ Printed Name: _____ Date: _____

INFORMATION ON INDIVIDUAL CHILDREN who will be attending Religious Ed K-5 on Sunday morning. **New students** entering the program **require Baptismal Certificates** if Baptism was not done at St. Pius X.

STUDENT 1

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2018-2019: _____ School 2018-2019: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion

Special Requests: _____

Medical Condition or Allergies: _____

STUDENT 2

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2018-2019: _____ School 2018-2019: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion

Special Requests: _____

Medical Condition or Allergies: _____

STUDENT 3

Returning Student New Student (attach Baptismal Certificate)

Full Name: _____ Date of Birth: _____ Gender: M F

Grade 2018-2019: _____ School 2018-2019: _____

Church of Child's baptism: _____ City: _____ State: _____

Sacraments Received: Baptism First Penance First Communion

Special Requests: _____

Medical Condition or Allergies: _____

REGISTRATION FEE: 1 child = \$45.00 2 or more children = \$55.00
After 07/03/18 fee is \$45 PER CHILD unless you are a new parish registration

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Parish Office use only - Please do not write below this line

Date Registration Received _____ Parish ID# _____ Parish registration data updated on _____

Amount Paid \$ _____ Cash check # _____ Processed by _____