



**ST. LAWRENCE FAITH FORMATION REGISTRATION  
2018-2019**

Office Use Only:
Am't Due \$ _____
Am't PD \$ _____
Date PD _____
CASH or Check # _____

FAMILY'S LAST NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If different)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Have you registered at St. Lawrence Parish? Yes No If no, which parish? \_\_\_\_\_

**STUDENTS ENROLLING IN RELIGIOUS EDUCATION K-8 CLASSES (List Oldest to Youngest)**

Child's Name First Last (if different)	Date of Birth	Grade & School	Sacraments		
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No

**IMPORTANT:** Do any of the children named above have any medical needs, allergies, or learning difficulties? If yes, please explain.

Are there any custodial arrangements we need to be aware of?

**See page 2**

I am interested in helping out with the RE program as \_\_\_\_\_ teacher \_\_\_\_\_ aide \_\_\_\_\_ other

**BAPTISMAL CERTIFICATES:** Parents are required to provide a copy of each student’s baptismal certificate to the Religious Education office, even if the child was baptized at St. Lawrence. This is especially important prior to the reception of First Reconciliation, First Communion, or Confirmation.

If this is your son’s/daughter’s first year in our program, please bring a copy of the baptismal certificate at registration. If this is not their first year, a copy should already be in our files. If for some reason it is not, we will notify you after classes have begun.

**REGISTRATION FEES\*\*** (*fees are charged to cover the cost of books and materials*)

**Make checks payable to St. Lawrence Church.**

**\$ 35 (1) child in Gr. K-8 (\*\*2<sup>nd</sup> grade see below)**

**\*\* \$20 First Rec/Communion extra fee (includes sacramental preparation material)**

**\$ 65 (2) children in Gr. K-8**

**\$ 90 (3) children in Gr. K-8**

\*\*\* If the registration fees are a hardship, please contact Donn and Michelle.

**PLEASE RETURN THE COMPLETED FORM AND CHECK.**

- Drop off at the Parish Office or Collection Basket in an envelope marked “Religious Education”
- Or Mail to: Parish Office  
Attn: Religious Ed Registration  
St. Lawrence Church  
542 Walnut Street  
Lawrenceburg, IN 47025

**Call Donn and Michelle Paquette at 812-537-0019 (ext. 4) or email at [dpaquette@sls-apps.org](mailto:dpaquette@sls-apps.org) with any questions.**

**EMERGENCY CONTACT**

**PERSON** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**PHYSICIAN’S NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

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

**August 31, 2019**  
**DATE EFFECTIVE UNTIL**

**INSURANCE CARRIER** \_\_\_\_\_ **POLICY NUMBER** \_\_\_\_\_