



# St. Mary Magdalen Catholic Parish

## RELIGIOUS EDUCATION/FAITH FORMATION REGISTRATION FORM 2025-2026

*Growing as disciples through prayer, Scripture, Liturgies, Sacraments, and Services*

Date: \_\_\_\_\_  
New Registration: \_\_\_\_\_  
Returning: \_\_\_\_\_

Office Use Only:  
Placement: \_\_\_\_\_  
Catechist: \_\_\_\_\_

**Do not write in here / No Escriba Aqui.**

### SACRAMENTS

**BAPTISM: YES, \_\_\_\_ NO \_\_\_\_.** If yes, where was your child baptized?

Please provide your name and address if it is not in this Parish. *BRING A COPY OF THE CERTIFICATE OF BAPTISM AT THE TIME OF REGISTRATION:*

**Date of Baptism:**

**FIRST COMMUNION: YES, \_\_\_\_ NO \_\_\_\_.** If so, where did your child receive First Communion?

\_\_\_\_\_ If it is not in this Parish, please provide name and address:

**PLEASE BRING A COPY OF THE CERTIFICATE, OR WE WON'T BE ABLE TO REGISTER YOUR CHILD / CHILDREN AND IF THIS IS A CASE OF SHARE CUSTODY, PLEASE BRING A WRITTEN AUTHORIZATION**

### SECTION 1 (Please Print)

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Age as September 1<sup>st</sup>, 2025 \_\_\_\_\_ Grade on September 1<sup>st</sup>, 2025 \_\_\_\_\_

Name of the School Child Attending:

☐ Public ☐ Private ☐ Charter ☐ Other: \_\_\_\_\_

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Was the child enrolled in a Catholic Religious Education Program in another church? ☐ Yes ☐ No

Was the child enrolled last year in the Religious Education Program in this church? ☐ Yes ☐ No

Rev.: 8/4/2025

**FATHER****PARENT S/GUARDIANS (List Below)****MOTHER**

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Name (Maiden): \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Comments: \_\_\_\_\_

**EMERGENCY INFORMATION**

If, in the event of an emergency, you are unable to reach me, don't hesitate to get in touch with the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

Dear Parents,

Thank you for allowing us to work with your children. The information provided is necessary for the registration. Please note that we are offering a pre-registration discount this year, available from July 28, 2025, to August 29, 2025. After this date, the fees will return to the standard rate.

☐ **Full payment is required.** No child is excluded from any program due to the inability to pay. However, arrangements must be made at the Religious Education Office beforehand and approved by the Pastor or the Director of Religious Education.

**FEE SCHEDULE (Office use only)**Before 08/22After 08/231<sup>st</sup> Child Yearly Registration \$175.00 \$ 225.00 \_\_\_\_\_2<sup>nd</sup> Child Yearly Registration \$225.00 \$ 250.00 \_\_\_\_\_3<sup>rd</sup> Child Yearly Registration \$250.00 \$ 300.00 \_\_\_\_\_

Additional Child \$ 90.00 \_\_\_\_\_

Sacramental Year (2<sup>nd</sup> Year) Fee: \$ 230.00 \_\_\_\_\_

Total Due: \_\_\_\_\_

**PAYMENT**

Payment: \_\_\_\_\_ Receipt \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check: \_\_\_\_\_

Balance Due: \_\_\_\_\_ (Due and completed by September 20<sup>th</sup>, 2025)

Authorized Person: \_\_\_\_\_ Initial approval: \_\_\_\_\_

Any special accommodation or request must be made in writing by November 7. All classes are filled according to the number of seats in the room. If you register your child after August 23<sup>rd</sup>, **an additional late fee of \$50.00 will be assigned.** Thank you for giving us the privilege to work with your children

**Office of Religious Education****St. Mary Magdalen Catholic Church, Sunny Isles Beach, FL**