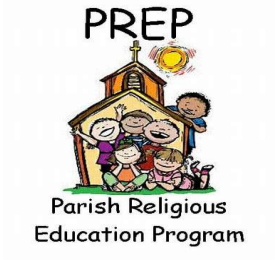

St. Mary Magdalen Catholic Parish

RELIGIOUS EDUCATION/FAITH FORMATION
REGISTRATION FORM 2026-2027

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 1st, 2026 _____ Grade on September 1st, 2026 _____

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

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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 August 3rd, 2026, to September 1, 2026. 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 09/01	After 9/01	
1st Child Yearly Registration	$175.00	$ 225.00	_____
2nd Child Yearly Registration	$225.00	$ 250.00	_____
3rd Child Yearly Registration	$250.00	$ 300.00	_____
Additional Child		$ 90.00	_____
Sacramental Year (2nd Year) Fee:	$ 230.00		_____
Total Due:			_____

PAYMENT

Payment: _____ Receipt _____ Cash: _____ Credit Card _____ Check: _____

Balance Due: _____ (Due and completed by September 20th, 2026)

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, **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 Parish, Sunny Isles Beach, FL

Rev.: 7/29/2026