

Our Lady of Guadalupe  
Religious Ed—**RCIA (Child) Yr. 1**

2023—2024 Registrations

1 child \$50 2 children \$80 3+ children \$110(No Refunds)  
(plus the cost of workbook \$)



**Office Use**

Family ID: \_\_\_\_\_

A minimum payment of 50% of registration fee is required at registration.

Total Due: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Payment: \_\_\_\_\_ Cash Credit Check # \_\_\_\_\_

Balance: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Payment Plan (Must be paid in full by January 2024)

Month	Amount	Receipt #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to pay Our Lady of Guadalupe Religious Education Program accordingly.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For students in the following grades who need to complete all or some of the following sacraments: **Baptism, Communion and Confirmation.**

**Session II**

**Sunday 11:15—12:45** 3rd 4th 5th  
\_\_\_\_ Baptism  
\_\_\_\_ First Communion  
\_\_\_\_ Confirmation

Family Name \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Child lives with: Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Other: \_\_\_\_\_

\*\* Other \*\* Name of the restrand Relationship

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Child \_\_\_\_\_

\_\_\_\_\_ Last Name First Name

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School 2023-2024 \_\_\_\_\_

**Sacramental Information**

Baptized? Yes \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ No \_\_\_\_\_

First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Religious Education History**

\*\*\*If child attended Religious Education **at another church last year** a "Letter of Attendance Verification" signed by the Director of Religious Education is required.

**Required Documentation:** \_\_\_\_\_ **Date Rcvd** \_\_\_\_\_ **Date Rcvd** \_\_\_\_\_

Official Birth Certificate (Copy): \_\_\_\_\_ Baptism Cert (Copy): \_\_\_\_\_

\*\*\*Letter of Attendance: \_\_\_\_\_

\*\*\**(Required when transferring from a different Parish)*

Does the child have special needs? \_\_\_\_\_

**Photo Permission:**

I, the parent/legal guardian of: \_\_\_\_\_, hereby give permission for photographs to be taken of my child and used by Religious Education Program for publication in Church newsletters, brochures, websites, news reports and promotion of this and/or similar kinds of events. These images will not be manipulated or used in any public venue, besides that stated, without further permission.

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_