

Religious Education Registration
St. Martin de Porres Catholic Church

This form is for class registration for the 2010-2011 school year for grades K – 12. **Please fill out the information below as completely as possible and return to the Religious Education office.** If you have any questions, you can call the Religious Education office at 512-858-5667. Thank you.

Fee Schedule per Family

The following are the payment plan options based on your family size. Tuition discounts are available for adult participation in the Ministry of Volunteers. Please see description outline for jobs available. No family will be turned away due to lack of funds. Scholarships are available for assistance on tuition.

Registration fee for one (1) child	\$65.00
Registration fee for two (2) children	\$125.00
Registration fee for three (3) or more children	\$175.00
Registration fee for family of Catechist	\$25.00

Family Information

Father's First Name: _____ Father's Last Name: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Maiden Name: _____ HomePhone: _____

Cell Phone: _____ E-Mail: _____

Home Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone number: _____

*****Email will be the primary form of communication regarding Religious Education classes and events.**

Student Registration Form

Please make additional copy of blank form if registering more than 4 children per family

Thank you, Religious Education office

Student Name: _____ Male/Female Date of Birth: _____ School Grade: _____

Sacraments Received: Enter Yes or No for each

Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____

Class Choice, Enter appropriate session (1-5): _____ Class Selections, next page

Special considerations to be aware of (ie; allergies, medical conditions, etc.) _____

Student Name: _____ Male/Female Date of Birth: _____ School Grade: _____

Sacraments Received: Enter Yes or No for each

Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____

Class Choice, Enter appropriate session (1-5): _____ Class Selections, next page

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Student Name: _____ Male/Female Date of Birth: _____ School Grade: _____

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Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____

Class Choice, Enter appropriate session (1-5): _____ Class Selections, next page

Special considerations to be aware of (ie; allergies, medical conditions, etc.) _____

DATE: _____ AMOUNT:\$ _____ CHECK # _____ CASH _____

CLASS SELECTION

1) Wednesday	4:45 – 5:45pm	K – 5 th grade	Education Center
2) Wednesday	6:15 – 7:15pm	K – 5 th grade	Education Center
3) Wednesday	6:00 – 7:30pm	Middle School	Parish Hall
4) Sunday	6:15 – 7:45pm	High School	Parish Hall
5) Sunday	9:45 – 10:45am	pre-K – 5 th grade	Education Center