

## St Mary's, Somerset – Religious Education 2024 – 2025

Family last name: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children live with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Religion of Parents: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Name and phone number of people who are authorized to pick up children from CCD and their relationship to children:

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If your child is on track to receive sacraments this year please provide the necessary documentation, an up to date Baptismal Certificate.

### Children to be enrolled in Religious Education in the coming year:

Name	Date of Birth	Grade	Known allergies and medical issues	Sacrament received	Sacrament to be received	Certificate Received

## Videotaping and Still Photographs

Videos, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recording, which may be used for future promotional efforts, including the Archdiocese of San Antonio and websites.

**Parents signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Fees:

1 Child: \$25.00

2 Children: \$40.00

3 or more same family: \$60.00

Make checks payable to: St Mary's Church

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount owed: \_\_\_\_\_

Paid by check ( ) # \_\_\_\_\_ Cash ( )

No child will be denied a religious education due to financial hardship.

## Family Time and Talent Contribution

Name of Volunteer: \_\_\_\_\_ **OVASE** Trained: Yes \_\_\_\_\_ No \_\_\_\_\_

I would like to be a teacher/aide/substitute: \_\_\_\_\_ Preferred Grade: \_\_\_\_\_

My children would like to participate as:

Altar Server: \_\_\_\_\_ Mass time: \_\_\_\_\_

Usher/greeter: \_\_\_\_\_ Mass time: \_\_\_\_\_

Choir: \_\_\_\_\_ Mass time: \_\_\_\_\_