

St. Alexander Parish Religious Education Program

2025/2026 Registration Form

PLEASE MAKE SURE ALL FORMS ARE COMPLETELY FILLED OUT.

Student Name(s): _____

PARENT INFORMATION

Address: _____

City/State: _____ **Zip Code:** _____

Mother's Name: _____

Mother's Maiden Name: _____

Cell phone: _____ **Email:** _____

Father's Name: _____

Cell phone: _____ **Email:** _____

Email and texting are our primary means of communication. (*Flocknote*)

Please list phone and email that you use and check the most.

Primary Email: _____

Phone number for texting: _____

Medical Permission

In case of medical emergency, I grant permission to St. John the Apostle staff and volunteers to administer First Aid and secure proper treatment for my child(ren) until I can be reached.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact (if parents cannot be reached):

Name: _____ **Phone:** _____ **Relation:** _____

Child's Name	Medical problem, allergies, or learning disability

Doctor's Name: _____

Phone Number: _____

GENERAL PERMISSION

Pictures/videos of the Religious Education participants, volunteers, and staff may be taken during the year for publicity of information purposes to advertise events in the parish. The pictures/videos may be posted on Parish/Diocesan web pages, bulletin boards, social media sites, or in a publication. We assume your permission is given to us for use of these photos/videos unless you notify the Religious Education office.

Parent/Guardian Signature: _____ **Date:** _____

ACKNOWLEDGEMENT

Acknowledgement by signing this form, I agree that I have received/read a copy of "Standards of Behavior for those Working with Minors" and "Pastoral Policy Regarding Sexual Abuse of Minors".

Parent/Guardian Signature: _____ **Date:** _____

Child(ren) Information PLEASE MAKE SURE ALL SECTIONS ARE FILLED OUT COMPLETELY.

1. Child's Name: _____ Age: _____
Birth Date: _____ Birth City: _____ State: _____
School Attending: _____ Grade: _____ Gender: M _____ F _____
Allergies: _____ Special Needs or requests: _____
New Student: _____ If yes, Parish where student attended _____

Please list date/year and parish this child received the following Sacraments or check "Needs".
Provide a copy of the certificate for each Sacrament the child has received.

Sacrament	Year	Parish	Needs
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____

2. Child's Name: _____ Age: _____
Birth Date: _____ Birth City: _____ State: _____
School Attending: _____ Grade: _____ Gender: M _____ F _____
Allergies: _____ Special Needs or requests: _____
New Student: _____ If yes, Parish where student attended _____

Please list date/year and parish this child received the following Sacraments or check "Need".
Provide a copy of the certificate for each Sacrament the child has received.

Sacrament	Year	Parish	Needs
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____

3. Child's Name: _____ Age: _____
Birth Date: _____ Birth City: _____ State: _____
School Attending: _____ Grade: _____ Gender: M _____ F _____
Allergies: _____ Special Needs or requests: _____
New Student: _____ If yes, Parish where student attended _____

Please list date/year and parish this child received the following Sacraments or check "Need".
Provide a copy of the certificate for each Sacrament the child has received.

Sacrament	Year	Parish	Needs
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____