St. Mary's Basilica
Religious Education for Children Form

Information on this form is held in confidence and is not shared without your permission.

Please print all information clearly

Full Name: (First, Middle, Last)_____

Gender:_____ Grade:_____ Returning Student?:_____ Special Needs?:_____

Date of Birth: _____ Place of Birth: _____

(City, State and Country, if outside of U.S.)

Father's Name: _____

Mother's Name: (Including Maiden last Name) _____

Check all sacraments your child HAS received: Baptism☐ Confession☐ Confirmation☐ Communion☐

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Check all sacraments your child HAS received: Baptism☐ Confession☐ Confirmation☐ Communion☐

Guardian Contact Information

Primary Point of Contact Full Name:_____

Relation to the Child:_____

Address:_____

Cell Phone:_____ Email:_____

*The Primary Point of Contact is required to subscribe to the "Child Sacraments 26-27" Flocknote updates at: smbphx.flocknote.com/re26-272

Release & Emergency Information

I request permission for my child(ren) to participate in the Religious Education program at St. Mary's Basilica. I authorize the designated volunteer or staff to obtain medical treatment for my child in the event that I or the listed emergency contact cannot be reached. I understand that reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in the event of an emergency or accident. I agree not to hold St. Mary's Basilica, the Diocese of Phoenix, or their staff, volunteers, or employees liable for any accident or injury. I also agree to abide by the Safe Environment requirements of the Diocese of Phoenix.

Parent/Legal Guardian's Signature:_____ Date:_____

Emergency Contact Name:_____ Phone:_____

Registration Fees (Office Use Only)

Registration fees help support the program by covering curriculum materials, crafts, office supplies, and catechist training.

One Child Family: $100 | Two Child Family: $175 | Three Child Family: $240 | Each Additional Child: $50

Number of Children in Family Being Registered:_____ = total $_____

Registration fee paid by (Name): _____

Cash____ Card____ Check____

Receipt Number:_____ Taken By:_____