

St. Kilian Church RELIGIOUS EDUCATION REGISTRATION **SPECIAL EDUCATION**

Class held on Fridays, 4:30-5:30 PM October-May

Students **MUST** be dropped off and picked up from class room



Parents' Name _____
Last First

Address _____ City _____ Zip _____

E-Mail address _____ Phone _____

Student's Full Name _____ Birth date _____
Last First

School child currently attends: _____ Grade _____ Age _____

Sacraments my child **HAS RECEIVED:** Baptism Reconciliation Eucharist Confirmation

Please check the appropriate statements:

_____ My child has NOT been baptized

_____ My child was baptized at St. Kilian Church. Year? _____

_____ My child was baptized at _____ Church

_____ This is my child's first year of Religious Education

_____ My child has attended Religious Education classes elsewhere. Where? _____

What are your child's special needs? _____

Does your child need any special assistance? If yes, please explain _____

Would you be willing to assist with the class? _____
(parent may be required to stay if child needs special attention)

I REQUEST THAT MY CHILD BE PREPARED TO RECEIVE:

(Copy of Baptismal Certificate Required)

_____ RECONCILIATION/CONFESSION \$30.00

_____ COMMUNION/EUCHARIST \$30.00

_____ CONFIRMATION \$30.00

ENROLLMENT FEES

_____ \$80.00 1st child

_____ \$65.00 2nd child

Sacramental fees to be collected when sacraments are requested

Parent's signature _____

Date _____

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