

# ST. EDITH RELIGIOUS EDUCATION REGISTRATION 2024-2025



Phone: (734) 464-2020

Email: [religiouseducation@stedith.org](mailto:religiouseducation@stedith.org)

Website: [www.stedith.org](http://www.stedith.org)

If child is new to St. Edith's program, please submit a copy of child's baptismal certificate.

### Class Options

Sunday 9:45-10:45 am K-8, Special Needs  
 Sunday 9:00-9:40am Out of Step (OOS) Prep  
 Monday 5:00-6:00 pm K-6  
 Monday 6:30-7:30 pm 7-8

**\*\* PLEASE COMPLETE  
EMERGENCY FORM ON BACK**



Student Name (First & Last)	Gender (M/F)	Birthdate (mm/dd/yy)	Grade 24-25	Baptized (Y/N)	School will attend in 24-25	Class Option (Sun/Mon)	OOS Reconciliation	OOS Eucharist	Special Needs

Father's First/Last Name	Father's Cell Phone	Mailing Address
Mother's First/Last Name	Mother's Cell Phone	City, ST Zip

**Family Primary Email Address** (will be used for RE Correspondence)

It is assumed that we have permission to use your child's photos in church bulletin, website, and other communication materials. Contact us if you do not consent to the use of photos.

<b>Current Parish of Registration</b>	<b>Emergency Contact Name</b>	<b>Emergency Cell Number</b>
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Payment Options	RELIGIOUS EDUCATION TUITION
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Submitted Payment Online Card # _____	In Parish: \$130 – 1 child, \$200 – 2+ children Out of Parish: \$155 – 1 child, \$205 – 2+ children OOS Reconciliation/Eucharist: \$25 each
<input type="checkbox"/> CHECK # _____      CVV _____ ZIP _____ EXP (MM/YY) _____	<b>Office Use ONLY</b> In / Out Parish _____ Date _____ Amount _____ Payment Type _____ Rec'd by _____

**ST. EDITH Religious Education  
FAMILY EMERGENCY INFORMATION**

FAMILY NAME: \_\_\_\_\_

1	Child's Last Name	First Name
	Allergy Information	Illness Information
2	Child's Last Name	First Name
	Allergy Information	Illness Information
3	Child's Last Name	First Name
	Allergy Information	Illness Information
4	Child's Last Name	First Name
	Allergy Information	Illness Information

**In case of an accident or serious illness, I request St. Edith Religious Ed contacts parent and/or emergency contact. If St. Edith Religious Ed cannot reach these contacts, I hereby authorize St. Edith Religious Ed to contact the physician indicated below. If it not possible to contact the physician, St. Edith Religious Ed may make whatever arrangements necessary.**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date