

ST. RITA CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION 2023-2024
1st-12th Grade

SPECIFIC DAYS AND TIMES FOR CLASSES ARE STILL TO BE DETERMINED

We will contact all registered families as soon as we have scheduled the classes.

Religious Education Fee: \$80 one student \$100 two or more students

*Tuition Assistance is available. Please contact the Parish Office at (703) 836-1640.

No one is refused enrollment for inability to pay.

FAMILY INFORMATION

Family's Last Name: _____

Street Address (include apartment number, if applicable): _____

City/State: _____ Zip: _____

Child resides with:

Both Parents Mother Father Other (Specify name and relationship): _____

Registered at St. Rita Church: Yes No Language spoken at home: _____

Were members of this family previously enrolled in St. Rita's Religious Education Program? Yes No

PARENT/GUARDIAN INFORMATION

Who is the primary contact? Parent/Guardian #1 Parent/Guardian #2 Both Parents/Guardians

Parent/Guardian #1

Parent/Guardian #1 Name (First and Last): _____

Relationship to Student: _____ Religion: _____

Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed

Does Parent/Guardian #1 live at Family Street Address? Yes No

Cell/Work Phone: _____

Email: _____

I would like to volunteer, please contact me: Yes No

Parent/Guardian #2

Parent/Guardian #2 Name (First and Last): _____

Relationship to Student: _____ Religion: _____

Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed

Does Parent/Guardian #2 live at Family Street Address? Yes No

Cell/Work Phone: _____

Email: _____

I would like to volunteer, please contact me: Yes No

EMERGENCY AND RELEASE INFORMATION

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____ Relationship to Student: _____

Who may pick up your child(ren)? _____

Who may never pick up your child(ren)? _____

Should the need arise, I give permission for my child(ren) to receive emergency medical care while participating in Parish Religious Education and Youth Ministry Programs. Yes No

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or video for which my child(ren) posed, and/or any voice recordings. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child(ren) with or without his/her name and for any lawful purpose, including, for example, publicity, illustrations, bulletins, news and web content.

Yes (with or without name) Yes (without name only) No Other _____

SAFE ENVIRONMENT/CHASTITY TRAINING

The parish offers safety environment/chastity training each year in accord with the Catholic Diocese of Arlington.

I OPT OUT for my child(ren) (they may NOT participate). My child(ren) will participate.

CODE OF CONDUCT

I agree that my child(ren) and I shall abide by the rules and expectations outlined below. I have reviewed them and discussed the rules and consequences with my child prior to signing this form. I agree that if my child chooses to disregard the Code of Conduct, they may be restricted from future attendance without the possibility of a refund.

- I will come to class on time and ready to learn.
- I will not prevent others from learning.
- I will give respect and expect respect.
- I will be kind in word and action.
- If others do not follow these rules, I will go to my teacher for help.
- I will attend Mass every Saturday/Sunday and Holy Days of Obligation with my family.

STUDENT INFORMATION

Student Name (First and Last): _____

Gender: Male Female Date of Birth: _____ Place of Birth (City/State): _____

Has this student been Baptized (if yes, please provide a copy of baptism record to RE Office)? Yes No

Year of Baptism: _____ Church of Baptism (name and city/state): _____

Has this student made his/her First Penance? Yes No Year of 1st Penance: _____

Has this student received First Holy Communion? Yes No Year of 1st Comm.: _____

Has this child received Confirmation? Yes No Year of Confirmation: _____

Grade in Fall 2023: _____ Name of School: _____

Most of our RE classes are taught in English. Would you prefer for your child to attend class in Spanish? Yes No

Please list any special learning/medical needs for this child: _____

Please list any allergies for this child: _____

Please include any special notes for the teacher: _____

Parent/Guardian Signature

Date