

ST. RITA CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION 2025-2026
1st-12th Grade

Classes will be held Monday and Wednesday evenings from 6:15-7:15 starting September 8th, 2025
If your child is going to be in their first year of Sacramental preparation, please attend class Mondays. If your child is going to be in their second year of Sacramental preparation, please attend class Wednesday. If your child is not currently preparing for a Sacrament, please attend class on Mondays.

****Parents of children in preparing to receive a Sacrament are required to attend parent catechesis****

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

Sacraments: Baptism First Communion Confirmation

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

Cell/Work Phone: _____

Email: _____

Parent/Guardian #2

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

Relationship to Student: _____ Religion: _____

Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed

Sacraments: Baptism First Communion Confirmation

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

Email: _____

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 _____

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 2025: _____ 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