ST. RITA CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION 2026-2027
1st-12th Grade

CLASSES WILL BE EITHER MONDAY OR WEDNESDAY FROM 6:15-7:15PM

If your child is in their first year of preparation to receive a Sacrament, please attend class on Monday evening. If your child is in their second year of preparation, please attend class on Wednesday evening.

All parents of children in Sacramental years (either first or second) are required to attend our parent catechesis classes that take place during your child's RE night

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 _____

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 2026: _____ 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: _____

_____

Parent/Guardian Signature Date