

Saint Ephrem Parish Religious Education Program

2026 - 2027 Registration

Tuition: 1st Child-\$150 / with 2nd Child-\$275 / with 3rd Child-\$375 / each add'l child-\$100

Early Bird Special- Pay IN FULL by April 26, 2026

1 child save \$30/ 2 children save \$50/ 3 or more children save \$75

LATE FEE of \$25 if NOT PAID IN FULL BY August 23, 2026

Scrip: Yes / No

Fee Paid: _____ Cash/ Check # _____ Date _____

Family Name for Communication (or Guardian)			Parish ID#		
Primary Family Address					
City		State		Zip	
Home Phone		Primary Cell		Primary email (will be used for all communication)	
Student Information (Original, Raised Seal documentation of Sacraments is required at time of registration)					
Student Name (#1)			Gender	DOB	Place of Birth (City, State)
Last First Middle			M / F		
Name of Day School			School District	School Grade (as of Sept 2026)	PREP Grade (as of Sept 2026)
Date of Baptism:		Church:		City, State	
Date of Reconciliation:		Church:		City, State	
Date of Eucharist:		Church:		City, State	
Ethnicity: ___ Hispanic/Latino ___ Non-Hispanic/ Latino		Race: ___ American Indian/ Native Alaskan ___ Asian ___ White ___ Black/African American		___ Native Hawaiian/Pacific Islander ___ 2 or more races ___ Other ___ Prefer not to answer	
Student Name (#2)			Gender	DOB	Place of Birth (City, State)
Last First Middle			M / F		
Name of Day School			School District	School Grade (as of Sept 2026)	PREP Grade (as of Sept 2026)
Date of Baptism:		Church:		City, State	
Date of Reconciliation:		Church:		City, State	
Date of Eucharist:		Church:		City, State	
Ethnicity: ___ Hispanic/Latino ___ Non-Hispanic/ Latino		Race: ___ American Indian/ Native Alaskan ___ Asian ___ White ___ Black/African American		___ Native Hawaiian/Pacific Islander ___ 2 or more races ___ Other ___ Prefer not to answer	
PARENT INFORMATION					
Father				Religion	
Last Name First Name Middle Suffix					
Father's Marital Status: Married ___ Divorced ___ Remarried ___ Single ___				Living ___ Deceased ___	
Father's Home Phone (if different than above)		Father's Cell Phone		Father's Work Phone	
Father's Address (if different than above)			Father's email		
Mother				Religion	
Last Name First Name Middle Maiden					
Mother's Marital Status: Married ___ Divorced ___ Remarried ___ Single ___				Living ___ Deceased ___	
Mother's Home Phone (if different than above)		Mother's Cell Phone		Mother's Work Phone	
Mother's Address (if different than above)			Mother's email		

*Name of Person responsible for Religious Education if not Parent/Guardian:	Relationship	Phone#	Email
Step-Parent (if applicable)	Step-Parent (if applicable)		

EMERGENCY CONTACT INFORMATION

Name of person to be contacted if we cannot reach you:		
Relationship:	Home #:	Cell #:

MEDICAL/LEARNING DATA

Child's Name	Medical Conditions or Allergies <small>(please describe below if yes)</small>	Prescribed Medications	Learning Support Services or *Disability <small>(see IDEA definitions below)</small>	IEP <i>Individualized Education Program</i>	**Immunization <i>Are your child's vaccinations up to date?</i>
	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO <i>If no, has he/she received an exemption from your current school district?</i> ___ YES ___ NO
	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO <i>If no, has he/she received an exemption from your current school district?</i> ___ YES ___ NO

PROGRAM PROCEDURES

Please complete information here or add any other information about your child that should be communicated?

***IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*

- I give permission that, in my absence, my children, whose names appear on this form may receive emergency medical care for injuries and all situations that may occur while participating in the Religious Education Program and related activities at Saint Ephrem Parish. I also give permission, that if necessary, my children may be transported to the nearest medical facility.

- I give permission for my child's (children's) photo, and name to appear on the St. Ephrem website, bulletin board, bulletins, programs or newspaper articles, and social media, in relation to events that take place in the parish or the Religious Education Program.

- Article 12 of the Charter for the Protection of Children and Young People calls for all the dioceses to establish "Safe Environment" programs. Within this document, there is a mandate that requires all students in parish elementary schools and Religious Education Programs receive instruction on the Protecting God's Children, A Program for Students, during the school year. These grade level appropriate lessons will be presented to the students during a portion of the class time. I give permission for my child to be present during this lesson.

- I have read the Parent Handbook (available on Church website, or hard copy by request) and understand and agree to the requirements and expectations of the St. Ephrem Religious Education Program.

- *If not the parent/guardian registering, please provide a letter signed by a parent/guardian which gives permission, and names this person as the one responsible for the child(ren)'s religious education.

- ___ Please check if there are custodial/legal issues regarding your child/ren. Also provide a complete copy of the court order if there is one.

Signature of Parent / Guardian

Date of Signature