

Espiritu Santo Religious Education Registration 2024-2025 (PLEASE COMPLETE BOTH SIDES)

Catholic Church & School 2405 Phillippe Parkway Safety Harbor, FL 34695	w.espiritusanto.cc P	hone: (727)/26-8477 Email: sue@espiritusanto.cc
STUDENT Last Name:	Parish ID #	We need to register
PARENT Last Name (if different from student)		Legal CUSTODIAL Arrangement Y N
Student (s) Live with (checkmark): Both Parents Mother Father Guard	lian (Relationship):	
Home Address:	PRIMARY E-Mail Address:	
	Home Telephone:	
Mother's Name:	Mother's Work/Cell:	
Father's Name:	Father's Work/Cell:	
IN CASE OF EMERGENCY, and in the event parents or legal guardians canno	t be reached, please contact:	
NAME: RELA	TIONSHIP TO CHILD(REN): _	
PHONE: PERM  ☐ Please ☑ check all that apply below:	MITTED TO RELEASE CHILD(	REN): YES NO add releases*
□ I authorize and give full consent to photograph my child during parish activ parish bulletin boards. □ I DO NOT AUTHORIZE the above photography By providing email address above I consent to email communication from above if you do not consent) □ I am enclosing \$60.00 per student for Formation Year Ongoing Domes (adult volunteer \$40.00 per child, DOSP certified catechist \$30.00 per child I am enclosing \$50.00 per student (receiving a sacrament this year) for I would like to make a contribution to sponsor tuition for those unable to presource materials, supplies and curriculum expenses) No family will be to I have attached a Copy of Baptismal Certificate - student receiving a sacrament By signing below, I affirm having received and read the family handboot the guidelines and policies within:  Espiritu Santo Catholic Church needs to be aware of the following medic needs of my child (example = allergies, asthma, learning difference, etc. Religious Education office to discuss specifics. Please note below:	the parish (do not provide emandation the parish (do not provide emandation)  The sacrament Preparation Tuit  The sacrament Preparation Tuit  The sacrament of the sacrament in 2024-2025 formation to sacrament in 2024-2025 formation of the sacrame	(Office Use: # of children x tuition)   RE
Signature of Parent / GuardianPrinted Nar	me	Date

Revised 04/28/24

Please complete both sides

Student Information (Please fill out completely!)		
1. LAST Name FIRST Name	Check desired session schedule below: ✓  — Grades K-8 Religious Education Domestic Church Family Learning	
Birth Date / Age as of 9/01/24 Grade (Fall '24)	Hybrid Model: student classroom enrichment / on campus family enrichment / at home enrichmentSUNDAY 10:30-11:45AM <i>OR</i> TUESDAY 6:00-7:15PM	
Name of School	Catholic School Student In Year of Sacrament	
SACRAMENT(S) CHILD HAS RECEIVED: Date/Church/City/State  Baptism Yes No  First Reconciliation Yes No	Daily Religion received in school setting / Additional layer of enrichment and specific sacrament preparation as a family - dates & times for gatherings indicated on sacrament preparation syllabus	
First Holy Communion Yes No Confirmation Yes No Previous Religious Education Completed:	Grades 7-12 "YES" YOUTH MINISTRY In addition to ongoing Religious Education or Catholic School enrichment, youth have an opportunity for specific service and social faith activities	
Any allergies/conditions we should know about?	Catechesis of the Good Shepherd (ages 3-12) Montessori style learning Level I, II Tuesdays 4:00-5:30PM Level III 5:30-7:30PM	
2 LAST Name FIRST Name	Check desired session schedule below: ✓	
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3. LAST NameFIRST Name	Check desired session schedule below:   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
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