



2405 Philippe Parkway Safety Harbor, FL 34695

Espiritu Santo Religious Education Registration 2025-2026 (PLEASE COMPLETE BOTH SIDES)

www.espiritusanto.cc

Phone: (727)726-8477 Email: sue@espiritusanto.cc

STUDENT Last Name: _____ We ARE _____ We ARE NOT _____ REGISTERED IN THIS PARISH

PARENT Last Name (if different from student) _____ Legal CUSTODIAL Arrangement Y____ N____

Student (s) Live with (please check) Both Parents Same Household Mother Father Guardian (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 cannot be reached, please contact:

NAME: _____ RELATIONSHIP TO CHILD(REN): _____

PHONE: _____ PERMITTED TO RELEASE CHILD(REN): (check one) YES NO add releases*

Please ☒ check all that apply below:

☐ I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish website or on parish bulletin boards **I DO NOT AUTHORIZE** the above photography consent.

☐ By providing email address above **I consent** to email communication from the parish (do not provide email above if you do not consent)

☐ **I am enclosing \$75.00 per student for Formation Year Ongoing Domestic Church RE Tuition**
(adult volunteer \$40.00 per child, DOSP certified catechist \$30.00 per child)

☐ **I am enclosing \$60.00 per student (receiving a sacrament *this year*) for Sacrament Preparation Tuition**

☐ I would like to make a **contribution** to sponsor tuition for those unable to pay. (*The tuition covers textbooks, resource materials, supplies and curriculum expenses*) **No family will be turned away due to inability to pay.**

☐ I have attached a **Copy of Baptismal Certificate** - student receiving a sacrament in 2025-2026 formation yr.

☐ By signing below, **I affirm having received and read the family handbook** - and agree to adhere to all of the guidelines and policies within:

Espiritu Santo Catholic Church needs to be aware of the following medical information or special learning needs of my child (example = allergies, asthma, learning difference, etc.) You will be contacted by the Religious Education office to discuss specifics. Please note below:

Signature of Parent / Guardian _____ Printed Name _____ Date _____

(Office Use: # of children x tuition)

RE x \$75.00 = \$

SAC x \$60.00 = \$

Total tuition due: \$

Amount Paid: \$

Cash _____ Ck# _____

(\$250.00 max total tuition per family)

Student Information (Please fill out completely!)

1. **LAST** Name _____ **FIRST** Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/25 ____ Grade (Fall '25) _____

Name of School _____

SACRAMENT(S) CHILD HAS RECEIVED: Date/Church/City/State

Baptism	Yes	No	_____
First Reconciliation	Yes	No	_____
First Holy Communion	Yes	No	_____
Confirmation	Yes	No	_____

Previous Religious Education Completed: _____

Any allergies/conditions we should know about? _____

Check desired session schedule below: ☒

____ **Grades K-8+ Religious Education Domestic Church Family Learning**

Hybrid Model: student classroom enrichment / on campus family enrichment / at home enrichment ____ SUNDAY 10:30-11:45AM **OR** ____ TUESDAY 6:00-7:15PM

____ **CATHOLIC School Student In Year of Sacrament**

Daily Religion received in school setting / **Additional** layer of enrichment and **specific sacrament preparation necessary** - dates & times for enrichment sessions indicated on sacrament preparation syllabus

____ **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

2. **LAST** Name _____ **FIRST** Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/25 ____ Grade (Fall '25) _____

Name of School _____

SACRAMENT(S) CHILD HAS RECEIVED: Date/Church/City/State

Baptism	Yes	No	_____
First Reconciliation	Yes	No	_____
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