

# St. Kilian Church RELIGIOUS EDUCATION REGISTRATION

## SPECIAL EDUCATION

Class held on Fridays, 4:30-5:30 PM October-May

Students **MUST** be dropped off and picked up from class room



Parents' Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_ Phone \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First

School child currently attends: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Sacraments my child **HAS RECEIVED**: Baptism Reconciliation Eucharist Confirmation

### Please check the appropriate statements:

\_\_\_\_\_ My child has NOT been baptized

\_\_\_\_\_ My child was baptized at St. Kilian Church. Year? \_\_\_\_\_

\_\_\_\_\_ My child was baptized at \_\_\_\_\_ Church

\_\_\_\_\_ This is my child's first year of Religious Education

\_\_\_\_\_ My child has attended Religious Education classes elsewhere. Where? \_\_\_\_\_

What are your child's special needs? \_\_\_\_\_

Does your child need any special assistance? If yes, please explain \_\_\_\_\_

Would you be willing to assist with the class? \_\_\_\_\_  
(parent may be required to stay if child needs special attention)

**I REQUEST THAT MY CHILD BE PREPARED TO RECEIVE:**  
(Copy of Baptismal Certificate Required)

\_\_\_\_\_ RECONCILIATION/CONFESSION \$30.00

\_\_\_\_\_ COMMUNION/EUCHARIST \$30.00

\_\_\_\_\_ CONFIRMATION \$30.00

### ENROLLMENT FEES

\_\_\_\_\_ \$75.00 1st child

\_\_\_\_\_ \$60.00 2nd child

**Sacramental fees to be collected when sacraments are requested**

Parent's signature

Date

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