

**Saint Pius X Catholic Church**  
**112 Fairview Drive**  
**Selinsgrove, PA 17870**  
**Phone: 570-374-4113**



**Religious Education Registration**  
**School Year 2020-2021**

**Circle Your Instruction Choice:**  
**In Person or Online**

| <b>Student's Name</b> | <b>Date of Birth</b> | <b>Sacraments child has already received</b><br>(New parishioners please provide child's baptismal certificate) | <b>Gender</b><br>M/F | <b>Rel. Ed. Grade</b><br><b>2020-2021</b> |
|-----------------------|----------------------|---|----------------------|---|
|                       |                      |   |                      |   |
|                       |                      |   |                      |   |
|                       |                      |   |                      |   |
|                       |                      |   |                      |   |

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother and Father's Emails \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

**EMERGENCY CONTACTS:** (Parents will always be contacted first. Please provide an additional contact.)

Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give my permission for my child's picture to be used on the parish website, other social media, and publications.

| <b>Child's Name</b> | <b>Medical Conditions/Allergies</b> | <b>Prescribed Medications</b> | <b>Disability/Learning Support Services</b> |
|---------------------|-------------------------------------|-------------------------------|---|
|                     |                                     |                               |   |
|                     |                                     |                               |   |
|                     |                                     |                               |   |
|                     |                                     |                               |   |

**CONSENT FOR MEDICAL CARE:** I give permission that, in my absence, my child(ren) whose name appears above, may receive emergency medical care for injuries and in all situations that should occur while participating in the Religious Education Program and activities for Saint Pius X Catholic Church.

Signature of Parent/Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

Is there other information about your child that should be communicated? \_\_\_\_\_

**Religious Education Class Fees:** One Child: \$60 Two Children: \$100 Three or more Children: \$120  
 If this fee presents a family hardship, please contact the Religious Education office at (570-374-4113, ext.117 or at prepstpiusx@gmail.com). We want all children to be attending religious education classes.

Please include this completed registration with a check made payable to Saint Pius X Catholic Church **by Sunday, July 19, 2020** to the address above so we can purchase books and other Religious Education Material.

Note: Religious Education Class fees are for preschoolers (age 4) thru eighth grade. Grades 9-12 should use this form to register but they don't pay a fee for their youth ministry program.