

**St. Anastasia Church**  
**(310) 670-2243**  
**School of Religious Education Registration Form**  
**2000 \_\_, \_\_, \_\_ Program Year**

Paid Check # \_\_\_\_\_  
Paid Cash \_\_\_\_\_

**Please make check payable to St. Anastasia SRE**  
**Fee: \$40 first child, \$30 for each additional child**

**\$80 SACRAMENTAL PREPARATION**

**Please check Program:**  
**EARLY CHILDHOOD**

**ELEMENTARY**

3 year old \_\_\_\_\_  
4 year old \_\_\_\_\_  
5 year old \_\_\_\_\_

\*First Year Sacramental Preparation \_\_\_\_\_  
\*Second Year Sacramental Preparation \_\_\_\_\_  
\*Older Students Sacramental Preparation \_\_\_\_\_  
Continuing Religious Education \_\_\_\_\_

**Please complete the following information:**

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **City and State** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_

**Church of Baptism** \_\_\_\_\_ **City and State** \_\_\_\_\_

**Both PARENTS/Guardian Names** \_\_\_\_\_

**MOTHER'S MAIDEN NAME** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**RULES FOR SAFEGUARDING OUR CHILDREN AGAINST ABUSE**

**Parent Acknowledgement Form**

**I have received the contents of the RULES FOR SAFEGUARDING OUR CHILDREN AGAINST ABUSE.**  
**I promise, as a member of St. Anastasia Parish, to abide by the rules and guidelines contained in the "Safeguard Rules".**

**Parent/Guardian SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*NEED COPY OF BAPTISMAL CERTIFICATE*

**EMERGENCY EARTHQUAKE INFORMATION**

**FAMILY NAME** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ **CLASS** \_\_\_\_\_

**In the event of a major earthquake/disaster, your child(ren) will be held on the school/parish grounds and ONLY released to those adults listed below.**

**I HEREBY GIVE CONSENT FOR THESE PERSONS TO TAKE MY CHILD(REN) HOME IF I AM UNABLE TO DO SO. I HAVE NOTIFIED EACH OF THEM REGARDING THIS PERMISSION.**

**(List two persons)**

**FOR OFFICE USE**

**Name** \_\_\_\_\_

**Was released to** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location taken to** \_\_\_\_\_

**School Official releasing child**

**EMERGENCY CARE INFORMATION:**

**Student Name** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Health Problems** \_\_\_\_\_ **Medication** \_\_\_\_\_

**IN AN EMERGENCY I GIVE THE SCHOOL PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT.**

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**