

**2025-2026 RELIGIOUS EDUCATION REGISTRATION  
ST. MARTIN OF TOURS**

**Family Last Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Cell:** \_\_\_\_\_

**PLEASE NOTE ANY CHANGE OF MAILING ADDRESS, EMAIL ADDRESS OR PHONE NUMBERS**

**Please List All Children:**

Full Name	M. or F.	Birthday	School & Grade	Where Baptized*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*If not baptized at St. Martin of Tours, please give name of church and city—we'll contact the parish for a certificate!

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**Religious Education fees: \$10.00 per child / \$20.00 maximum per family      Total    \$ \_\_\_\_\_**

**All children are welcome in our RE program! See Katie McCarthy, our Administrator of Religious Education, if your family would like a scholarship for your registration fees! Catechist children attend for free!**

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**Office Information**

**Date paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **or Cash:** \_\_\_\_\_

**REVERSE SIDE WITH MEDICAL & SACRAMENTAL INFORMATION MUST BE FILLED OUT**

**MEDICAL / EMERGENCY / INSURANCE INFORMATION**

*Please list any known medical conditions and/or allergies that your child (children) may have, or specific treatments that need to be recognized during the time they are present in our Religious Education program.*

My child, \_\_\_\_\_ suffers from \_\_\_\_\_

Is allergic to \_\_\_\_\_

Requires the following special needs: \_\_\_\_\_

Has the following disabilities: \_\_\_\_\_

Requires the following care: \_\_\_\_\_

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I hereby authorize the medical treatment of my child/children \_\_\_\_\_  
In the event of a medical situation occurring in my absence during his/her Religious Education classes or activities with St. Martin of Tours parish.

_____ (Signature parent)	_____ (Date)	_____ (Cell Phone)
_____ (Physician Name)	_____ (Phone #)	
_____ (Name of Insurance Company)	_____ (Policy Number)	

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**SACRAMENTAL INFORMATION**

If your child is not baptized, or is in the 3<sup>rd</sup> grade or older and has not received the Sacraments of First Penance and First Holy Communion, please let us know. We will get in touch with you to plan and prepare your child for the Sacraments.

**Baptism (Infancy through age 6—before their 7<sup>th</sup> birthday)**

**First Reconciliation & First Eucharist (2<sup>nd</sup> grade)**

**Order of Christian Initiation of Children for 7 year olds and older who have not been baptized.**

Name: \_\_\_\_\_ Sacrament needed: \_\_\_\_\_

Name: \_\_\_\_\_ Sacrament needed: \_\_\_\_\_