

ST. EDITH RELIGIOUS EDUCATION REGISTRATION 2025-2026



Phone: (734) 464-2020
Email: religiouseducation@stedith.org
Website: www.stedith.org/re

CLASS OPTIONS

Sunday	9:45-10:45 am	K-8, Special Needs
Sunday	9:00-9:40 am	Out of Step (OOS) Prep
Monday	5:00-6:00 pm	K-6
Monday	6:30-7:30 pm	7-8 (Confirmation Prep)

**** PLEASE COMPLETE
EMERGENCY FORM ON BACK**



If child is new to St. Edith's program, please
submit a copy of child's baptismal certificate.

Student Name (First & Last)	Gender (M/F)	Birthdate (mm/dd/yy)	Grade 25-26	Baptized (Y/N)	School attending in 25-26	Class Sun/Mon	OOS Reconciliation	OOS Eucharist	Special Needs

Father's First/Last Name	Father's Cell Phone	Mailing Address
Mother's First/Last Name	Mother's Cell Phone	City, ST Zip

Family Primary Email Address will be used for RE Correspondence. (PRINT CLEARLY)

It is assumed that we have permission to use your child's photos in church bulletin, website, and other communication materials. Contact us if you do not consent to the use of photos.

Current Parish Registration	Emergency Contact Name	Emergency Cell Number
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PAYMENT OPTIONS		RELIGIOUS EDUCATION TUITION	
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Submitted payment online Card # _____	<input type="checkbox"/> CHECK # _____ CVV _____ ZIP _____ EXP (MM/YY) _____	In Parish: \$130 – 1 child, \$200 – 2+ children Out of Parish \$155 – 1 child, \$205 – 2+ children In/Out of Parish OOS Reconciliation/Eucharist: \$25 each	Office Use ONLY In / Out Parish <div style="display: flex; justify-content: space-between;"> <div>_____ Date</div> <div>_____ Amount</div> <div>_____ Payment Type</div> <div>_____ Rec'd by</div> </div>

FAMILY EMERGENCY INFORMATION

FAMILY NAME: _____

1	Child's Last Name	First Name
	Allergy Information	Illness Information
2	Child's Last Name	First Name
	Allergy Information	Illness Information
3	Child's Last Name	First Name
	Allergy Information	Illness Information
4	Child's Last Name	First Name
	Allergy Information	Illness Information

In case of an accident or serious illness, I request St. Edith Religious Education contacts parent and/or emergency contact. If St. Edith Religious Education cannot reach these contacts, I hereby authorize St. Edith Religious Education to contact the physician indicated below. If it is not possible to contact the physician, St. Edith Religious Education may make whatever arrangements necessary.

Insurance Company: _____

Policy Number: _____

Physician Name: _____

Physician's Address: _____

Phone Number: _____

Hospital of Choice: _____

Parent/Guardian Signature

Date