CLASSES BEGIN
Date: **To be determined**
Time: **8:30 am to 10:00 am**

ST. MARTHA CATHOLIC PARISH

St. Martha Religious Education Registration for Children 2026 – 2027

Student Name: _____ School: _____ Grade: _____

Address: _____

Mother's Name: _____ Phone: _____ Email: _____

Father's Name: _____ Phone: _____ Email: _____

PLEASE INDICATE WHICH SESSION THE STUDENT WILL ATTEND:

_____ **First year** of preparation for First Reconciliation and First Communion

_____ **Second year** of preparation for First Reconciliation and First Communion

_____ Continue Religious Education

_____ **First year** of preparation for Confirmation

_____ **Second year** of preparation for Confirmation

_____ OCIA Adapted for Children *(For* **unbaptized** *children age 7 and older)*

For Office Use Only:

Copies of Certificates Submitted:

Birth Certificate
_____
Baptismal Certificate
_____
First Communion Certificate
(if applicable)
_____

Tuition & Fees (Per Year):

Tuition Per Student $150: _____

Bible $30: _____

Accepted Payment: Cash, Credit Card, or Check payable to St. Martha Catholic Parish

For Office Use Only:

Number of Children Enrolled: _____
Total Tuition: $ _____

Amount Paid at Registration: $_____

Balance: $_____

Check #: _____ Receipt #: _____

STUDENT EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT: (Please write **a person other than parent/guardian names** as Emergency Contact)

1.Name:_____ Relationship to Child:_____ Phone:_____

2.Name:_____ Relationship to Child:_____ Phone:_____

Student Information

Student Name: _____ Birth date: _____/_____/_____ Age: _____ Male _____ Female _____

Baptized Roman Catholic: Yes_____ No (If no, specify)_____ School: _____ Grade: _____

Birth Mother Full Name: _____ Occupation: _____ Religion: _____

Birth Father Full Name: _____ Occupation: _____ Religion:_____

Are child's birth parents currently married to each other? Yes_____ No_____

Child lives with: Both Parents_____ Mother only_____ Father only_____ Other:_____

If any of the parents/guardians practice a different religion or does not practice any, we require an authorization letter for the child to be enrolled in our program.

Sacraments Received: Please fill in where and when with the correct information.

Baptism: _____ Date: _____/_____/_____

Church Name City and State (Country)

Reconciliation: _____ Date: _____/_____/_____

Church Name City and State (Country)

1st Communion: _____ Date _____/_____/_____

Church Name City and State (Country)

Student Health Emergency Information

Please indicate special health concerns:_____

Physician: _____ Phone: (_____)_____

Hospital of choice:_____ Phone: (_____)_____

Address: _____

I, the undersigned, do hereby authorize officials of St. Martha Religious Education Department to contact the person directly named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold St. Martha Catholic Parish financially responsible for the emergency care and/or transportation for said students.

Use of Photos/ Uso de Fotos

The Parish reserves the right to use student or parent photos in any Parish publication and on the Parish's website. Any parents who does not wish his/her child's picture or video to be used accordingly must state it in this form. Parents, by signing this acknowledgement of receipt of notice, hereby release St. Martha Catholic Parish, the Archdiocese of Miami and their corporate members, officers, employees, and agents, from any claims or liabilities that allegedly arise from or are related to the use of student or parent photos.

La parroquia se reserve el derecho de usar fotos de estudiantes o padres en cualquier publicación de la parroquia y en el sitio web de la parroquia. Cualquier padre que no desee que se use la foto o el video de su hijo debe indicarlo en este formulario.

Los padres, al firmar este recibo de la notificación, liberan a la Parroquia Católica St. Martha, la Arquidiócesis de Miami y sus miembros corporativos, funcionarios, empleados y agentes, de cualquier reclamo o responsabilidad que presuntamente surja o esté relacionado con el uso de fotos de alumnos o padres.

Permission Granted/ Permiso Concedido: Yes/Si _____ No _____

Signature/ Firma: _____ Date/Fecha: _____

I, as parent/ guardian and my child (student) or as OCIA/RICA student agree to abide by the rules and regulations of St. Martha Religious Education Program. Please note that the Registration Fee is NON-REFUNDABLE and there are NO EXCEPTIONS to the Refund Policy.

All requests for withdrawing from the CCD or RCIC/ OCIA/ RICA program must be submitted in writing.

Parent/Guardian Signature:_____ Date: _____