



**MOTHER'S INFORMATION** Please Check:  **Biological Mother**  **Step-Mother**  **Deceased**

First Name: (Nombre) \_\_\_\_\_ Last (Apellido) \_\_\_\_\_ Maiden Name (Apellido Materno) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 (Only if different from child) (Completar la dirección solo si es diferente de la del niño/a)

Mobile:	Home Phone	Work Phone:	Email:
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**Religion**

Religion: \_\_\_\_\_ Baptized? Yes ( ) No ( ) First Communion? Yes ( ) No ( ) Confirmation? Yes ( ) No ( )  
 (Religión) (¿Bautizada?) (¿Primera Comunión?) (¿Confirmación?)  
 If you haven't received the Sacraments, would you like to prepare to receive them? Yes ( ) No ( )  
 (¿Si no ha recibido los sacramentos, le gustaría recibir preparación para recibirlos?)

**Marital Status**

Mother's Marital Status:  
 ( ) Married ( ) Single ( ) Divorced\* ( ) Widow ( ) Other: \_\_\_\_\_ Catholic Marriage?: Yes ( ) No ( )  
 (Estatus: Casada, Soltera, Divorciada(\*), Viuda, Otro) (¿Matrimonio Católico?)  
 If you were not married in a Catholic church, would you like to attend a marriage preparation program? Yes ( ) No ( )  
 (¿Si no está casada en la Iglesia Católica, le gustaría recibir preparación matrimonial?)  
 (\*If you are divorced, would you like information about an annulment? ..... Yes ( ) No ( )  
 (\*) ( Si usted está divorciada, le gustaría información sobre anulación de matrimonio?)

**Parish Information**

Do you want to receive information about Ministries or Groups at the Parish? (¿Quiere inf. sobre ministerios o grupos?). Yes ( ) No ( )  
 Which one? (¿Cuales?) \_\_\_\_\_  
 How often do you attend Sunday Mass? Always ( ) Often ( ) Sometimes ( ) Rarely ( ) Never ( )  
 (¿Con que frecuencia va a misa dominical?) (Siempre) (Frecuentemente) (Algunas veces) (Pocas veces) (Nunca)

**FATHER'S INFORMATION** Please Check:  **Father**  **Step-Father**  **Deceased**

First Name: (Nombre) \_\_\_\_\_ Last (Apellido) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 (Only if different from child) (Completar la dirección solo si es diferente de la del niño/a)

Mobile:	Home Phone	Work Phone:	Email:
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**Religion**

Religion: \_\_\_\_\_ Baptized? Yes ( ) No ( ) First Communion? Yes ( ) No ( ) Confirmation? Yes ( ) No ( )  
 (Religión) (¿Bautizada?) (¿Primera Comunión?) (¿Confirmación?)  
 If you haven't received the Sacraments, would you like to prepare to receive them? Yes ( ) No ( )  
 (¿Si no ha recibido los sacramentos, le gustaría recibir preparación para recibirlos?)

**Marital Status**

Father's Marital Status:  
 ( ) Married ( ) Single ( ) Divorced\* ( ) Widow ( ) Other: \_\_\_\_\_ Catholic Marriage?: Yes ( ) No ( )  
 (Estatus: Casado, Soltero, Divorciado(\*), Viudo Otro) (¿Matrimonio Católico?)  
 If you were not married in a Catholic church, would you like to attend a marriage preparation program? Yes ( ) No ( )  
 (¿Si no está casado en la Iglesia Católica, le gustaría recibir preparación matrimonial?)  
 (\*If you are divorced, would you like information about an annulment? ..... Yes ( ) No ( )  
 (\*) ( Si usted está divorciado, le gustaría información sobre anulación de matrimonio?)

**Parish Information**

Do you want to receive information about Ministries or Groups at the Parish? (¿Quiere inf. sobre ministerios o grupos?). Yes ( ) No ( )  
 Which one? (¿Cuales?) \_\_\_\_\_  
 How often do you attend Sunday Mass? Always ( ) Often ( ) Sometimes ( ) Rarely ( ) Never ( )  
 (¿Con que frecuencia va a misa dominical?) (Siempre) (Frecuentemente) (Algunas veces) (Pocas veces) (Nunca)

**FAMILY INFORMATION**

Are you a registered member? (¿Es usted un miembro registrado de la parroquia?)  
 • Yes ( ) Do you receive parish envelopes? (¿Recibe los sobres de la parroquia?) Yes ( ) No ( ) Family Reg. # (Envelop #) \_\_\_\_\_ (Nro Sobre)  
 • No ( ), but I am interested (No, pero estoy interesado) No ( ), I am registered at: (No, estoy registrado en:) \_\_\_\_\_  
 • I don't know if I am a registered member of St. Martha ( ) (Nose si estoy registrado en St Martha)

**OFFICIAL USE:**

It was complete the parish registration? Yes ( ) No ( ) Date: \_\_\_\_\_ By whom: \_\_\_\_\_

**GUARDIAN INFORMATION**

Child lives with Both Parents Yes ( ) No ( ) <i>¿El niño vive con ambos padres?</i>	Mother Custody ( )100% ( )50% <i>¿Custodia de la madre?</i>	Father Custody ( )100% ( )50% <i>¿Custodia del padre?</i>	Other:
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If child does not live with both parents, does the non-custodial parent have permission to pick him/her up? Yes ( ) No ( )  
*Si el niño NO vive con ambos padres, ¿el padre que NO tiene la custodia tiene permiso para recogerlo?*

Are there any custody issue that we need to be aware of? *(Existe algún asunto de custodia del cual tengamos que estar informados?)*

Explain:

\_\_\_\_\_

If parents are separated, divorced or deceased, or if the child lives with someone other than the natural parents, or if there are other special circumstances, use this space to describe how this situation could affect the Religious Education classes.

\_\_\_\_\_

**Enrollment for Children of Separated/Divorced Parents (Only Required for Children Not Baptized as Catholic)**

\*\*\*\* Please note that we will need a letter of permission from the absent parent or for a parent that professes another faith permitting us to baptize the child. **Please complete the "Enrollment form for Children of Separated /Divorced Parents".**  
*(\*\* Se necesita una carta del padre ausente o que profesa otra religión, dándonos permiso para bautizar al niño. Por favor completete la forma de Registracion para niños de padres divorciados o solos\*\*\*)*

**PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD:** List of persons authorized to pick up child. (Child only be released to authorized person(s) with proper identification) *(Lista de personas autorizadas para recoger al niño. Se requiere apropiada id. para recogerlos.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT :** *(Contactos de Emergencia)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION: ALLERGIES, SIGNIFICANT MEDICAL HISTORY** *(Alergias e información médica importante)*

List any medical condition, or a significant medical history (such as Allergies, Seizures) for which your child requires medication and state its type and frequency. *(Indique cualquier condición médica, o historia médica para las cuales su niño requiere medicación e indique tipo y frecuencia)*

List any disability that we need to be aware to provide the best learning environment for your child. *(Indique cualquier dificultad de aprendizaje que se requiere conocer para proveer el mejor ambiente de aprendizaje para su niño)*

**VOLUNTEERS NEEDED FOR THE RELIGIOUS EDUCATION PROGRAM:**

Kindly indicate if you would like to serve as a volunteer? Yes ( ) No ( ) *(¿Le gustaría servir como voluntario?)*



Please specify what would you like to do? *(¿Qué le gustaría hacer?)*

( ) CATECHIST (CATEQUISTA) ( ) SUBSTITUTE CATECHIST (Catequista Suplente) ( ) OFFICE ASSISTANT (ASISTENTE Oficina)  
OTHER (OTRO) : \_\_\_\_\_

**Section 5: Photography/ Video Consent (Consentimiento para fotografía & video) Refer to the Parent Handbook.**

**Please Initial Your Decision (Only one) (Coloque sus iniciales en solo una opción) (Referirse al Manual de los Padres)**

\_\_\_\_\_ I give my permission for my child to be photographed / videotaped ( Doy permiso )

\_\_\_\_\_ I do not give my permission for my child to be photographed / videotaped ( NO doy permiso )

**TUITION AND FEES** We need your collaboration to be able to run our Religion Education Program. (Necesitamos su colaboración para nuestro programa de Ed. Religiosa.

<b>TUITION</b>	<b>PAYMENT FOR:</b>		
<b>One (1) student: \$</b>	Student Name:		
<b>Two (2) students: \$</b>	Student Name:	Student Name:	
<b>Three (3) students: \$</b>	Student Name:	Student Name:	Student Name:
	<b>Note:</b>		

**Payment Information:** (Información de Pago)

Tuition Due: \$ (Costo de la Registración)	Other pending Fees (Otro cargo pendiente)	Total Fees due: \$ (Costo total)
Paid in Full (Totalmente pagado) Yes ( ) No ( )	Paid by Installments (Pago por cuotas) Yes ( ) No ( )	NOTES:

**Payment Plan:**

Payment should be received by \_\_\_\_\_. Also, we provide an installment plan as an affordable way to pay the tuition. (El pago complete debe ser recibido \_\_\_\_\_. También se provee plan de pago para pagar por partes

**NOTE: Make checks payable to** \_\_\_\_\_  
 NOTA: Hacer cheques a nombre de: \_\_\_\_\_

Number Payments (Nro de Pagos)	Date (MM/DD/YY) (Fecha)	Total Amount Due \$ (Total a pagar \$)	Amount Paid \$ (Cantidad Pagada)	Balance Due \$ (Balance)	Cash (Efectivo)	Check # include number (Cheque incluir el nro)	Credit Card Payment	Receipt (Recibo)	Name of the staff receiving payments (Persona que recibe el pago)
FULL PAYMENT (Pago Completo)									
INSTALLMENTS (Pago por partes)									
1									
2									
3									
4									

By signing below, I (We) certify that all information provided on this Registration and payment form, is true and correct. I (We) are the parents or authorized guardian of the child name above. I am (we/are) competent to execute this agreement. (A través de mi firma, Yo (nosotros) certificamos que toda la información en esta forma de inscripción y pago es verdadera y correcta. Yo (nosotros) somos los padres o guardianes legales del niño mencionado arriba. Nosotros somos competentes para ejecutar este acuerdo)

<b>Parents' name (printed):</b>	<b>Parents' Signature:</b>	<b>Date(MM/DD/YYYY)</b>
<b>Parents' name (printed):</b>	<b>Parents' Signature:</b>	<b>Date(MM/DD/YYYY)</b>

**PLEASE SIGN & DATE**

<b>STUDENT'S NAME:</b>	<b>PARENT'S SIGNATURE</b>	<b>DATE:</b>
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**Touching Safety Program** The job of ensuring children's safety is a challenging undertaking. The prevention of child sexual abuse requires more than adult awareness, education, and training about the nature and scope of the problem. We must also give our children the tools they need to overcome the advances of someone who intends to do them harm. The Teaching Touching Safety program guide (Teaching Touching Safety Guide) is a tool designed to assist parents and teachers in this important task. The Touching Safety program is a vehicle through which parents, teachers, catechists, and youth ministers give children and young people the tools they need to protect themselves from those who might harm them. Children in our Religious Education programs are to receive two lessons a year in the Virtus Teaching Touching Safety Program. This is an audited program that is administered with assigned age-appropriate lesson plans. Parents may receive a guidebook and have an option to opt out, with proper documentation. Teaching Touching Safety Program

**PERMISSION:** Please check only one option:

\_\_\_\_\_ I/(We) **GIVE permission** for my child participation in the Teaching Touching Safety Program

\_\_\_\_\_ I/ (We) **DO NOT GIVE permission** for my child participation in the Teaching Touching Safety Program (\*)

**(\*) If you do NOT give permission, complete this section:**

**SUBJECT:** Opportunity to "opt your child out" of the Touching Safety program  
**Date (MM/DD/YYYY):** \_\_\_\_\_

**[NAME of Religious Education Program]** will present a sexual abuse prevention program, the Touching Safety program, to our students on **[DATE 2]**. The creators of the Protecting God's Children™ program developed the Touching Safety program. This program is provided to us by **the [NAME of archdiocese or diocese]**, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students at **[NAME of school or program]**. As a parent, you have the right to choose whether your student participates. We encourage you to read the attached "overview" and "lesson plan" so you'll be aware of the nature of the Touching Safety program. If you have questions about the program or the lesson, please contact **[CONTACT NAME] at [CONTACT NUMBER]**. If you determine that you DO NOT want your child to participate, please complete the "opt-out" form at the bottom of this page, and return it to your child's teacher no later than **[DATE 3]**.

For more information on the Touching Safety program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

The Religious Education Program does not have my permission to present the Touching Safety program, to my child whose name is:

<b>Student's name (printed):</b>	<b>Parent's name (printed):</b>	<b>Parent's Signature:</b>	<b>Date(MM/DD/YYYY)</b>
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**(\*) En caso de NO dar permiso, complete esta sección**

**SUBJECT:** Oportunidad para que su hijo no participe en el Programa de Enseñanza de Seguridad en el Contacto.  
**Date (MM/DD/YYYY):** \_\_\_\_\_

**[NOMBRE del Programa de Educación Religiosa]** presentará un programa de prevención de abuso sexual, el programa *Seguridad en el Contacto*, a nuestros estudiantes el **[FECHA]**. Los creadores del programa *Protegiendo a los Niños de Dios™* desarrollaron el programa *Seguridad en el Contacto*. Este programa está patrocinado por la Arquidiócesis de Miami, y es parte de nuestra tarea continua de crear y mantener un entorno seguro para los niños y proteger a todos los niños del abuso sexual.

La lección programada se ofrece a todos los estudiantes de **[NOMBRE del Programa de Educación Religiosa]**. Como padre, usted tiene el derecho a determinar si su estudiante participa. Lo invitamos a leer la "descripción general" y el "plan de la lección" anexos para que usted conozca la naturaleza del programa *Seguridad en el Contacto*. Si usted tiene preguntas sobre el programa o la lección, por favor comuníquese con **[NOMBRE DEL CONTACTO]** al número **[NÚMERO DEL CONTACTO]**. Si usted determina que usted NO DESEA que su hijo participe, por favor llene el formulario de "exclusión" al final de esta página, y devuélvalo al catequista de su hijo a más tardar el **[FECHA]**. Para más información sobre el programa Seguridad en el Contacto, visite la página Internet VIRTUS Online™ en [www.virtus.org](http://www.virtus.org).

**Formulario de exclusión del programa Seguridad en el Contacto:**

**[NOMBRE del Programa de Educación Religiosa]** no tiene mi permiso para presentar el programa Seguridad en el Contacto a mi hijo:

<b>Nombre del Estudiante:</b>	<b>Nombre del Padre:</b>	<b>Firma del Padre:</b>	<b>Fecha:(MM/DD/YYYY)</b>
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**(PARISH NAME)** Religious Education Program

Dear Parents,

In order that you might better understand the philosophy and requirements of **(PARISH NAME)** Religious Education Program, it is important that you thoroughly read your copy of the Rules and Regulations Handbook for **((PARISH NAME))** Religious Education Program. Please sign and return the slip below, which indicates that you have read and accepted the rules and regulations.

Sincerely,

Dennys Victoria Cabrera

(CATECHETICAL LEADER)  
(PARISH NAME)

I (We) parents of \_\_\_\_\_ have read and do accept the rules and regulations as printed in the handbook:

<b>Parents' name (printed):</b>	<b>Parents' Signature:</b>	<b>Date(MM/DD/YYYY)</b>
<b>Parents' name (printed):</b>	<b>Parents' Signature:</b>	<b>Date(MM/DD/YYYY)</b>


**PLEASE SIGN & DATE**

Please do not write below this line:

\*\*\*\*\***ONLY OFFICIAL USE: ( SOLO USO OFICIAL)**\*\*\*\*\*

<b>Name of staff/volunteer taking the Registration:</b> ( <i>Voluntario o empleados encargado de la registracion</i> )
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Along with this registration form submitted:

<input type="checkbox"/> 1- <b>Copy of Student Birth's Certificate.</b> ( <i>Acta de Nacimiento</i> )	
<input type="checkbox"/> 2- <b>Copy of Baptismal Certificate.</b> ( <i>Acta de Bautismo</i> )	
<input type="checkbox"/> 3- <b>Copy of First Communion Certificate.</b> ( <i>Constancia de haber recibido la Primera Comuni3n</i> )	
<input type="checkbox"/> 4 - <b>Transfer letter.</b> If student attended classes in another parish/ ( <i>Carta de Transferencia si el estudiante asisti3 a otra parroquia</i> )	
<input type="checkbox"/> 5 - <b>Godfather/ Sponsor letter</b> ( <i>If student will receive Baptism or Confirmation</i> ) ( <i>Carta de Padrino si va a recibir Bautizo o Confirmaci3n</i> )	
<input type="checkbox"/> 6 - <b>Tuition Fees:</b>	
<input type="checkbox"/> 7 - <b>Parent's Handbook signed.</b> ( <i>Manual de Padres firmado</i> )	
<input type="checkbox"/> 8 - <b>Other:</b>	

<b>Student's Name:</b>	<b>Grade</b>	<b>Age</b>	<b>Catechist:</b>	<input type="checkbox"/> <b>FIRST TIME</b> <input type="checkbox"/> <b>RE-REGISTRATION</b>
<b>20_-20_ Class Placement:</b>	<b>Parent</b>	<b>Phone</b>	<b>Email</b>	

**FINANCIAL INFORMATION**

Fee \$ _____	Paid \$ _____	Due: \$ _____	( ) Cash	( ) Check# # _____	( ) Credit Card	Receipt _____
Fee \$ _____	Paid \$ _____	Due: \$ _____	( ) Cash	( ) Check# # _____	( ) Credit Card	Receipt _____
Fee \$ _____	Paid \$ _____	Due: \$ _____	( ) Cash	( ) Check# # _____	( ) Credit Card	Receipt _____
Fee \$ _____	Paid \$ _____	Due: \$ _____	( ) Cash	( ) Check# # _____	( ) Credit Card	Receipt _____

<b>RCIA ADULT</b>	<b>MARRIAGE PREPARATION</b>	<b>ANNULMENT</b>	<b>PARISH REGISTRATION</b>
<b>GROUPS</b>	<b>VOLUNTEER</b>	<b>Notes:</b>	