

St. Raymond of Peñafort Religious Education 2024-2025

Registration Requirements

Parish registration required for enrollment

CCD Fees: Due at registration
 Baptism Certificate (Sacramental Prep): Due at registration
 Birth Certificate: Due at registration

8750 Pohick Road, Springfield, VA 22153
 703-440-0537

ReligiousEducation@straymonds.org

ONLINE REGISTRATION OPTION:

www.straymonds.org/ReligiousEducation/Registration

PLEASE PRINT ALL REQUESTED INFORMATION LEGIBLY

Parent/Guardian Last Name	Mother's Name	Father's Name
Home Phone	Mother's Cell Phone	Father's Cell Phone
Street Address	Mother's Work Phone	Father's Work Phone
	Primary Email	Emergency Contact Info (name/phone/relation)

For Office Use Only	
Registration Received: _____	
# of Children: _____	Tuition Fee: _____
Catechist Discount: _____	Admin Fee: _____
Donation Amount: _____	Fin. Aid: _____
Amount Paid: _____	Check #: _____

FULL NAME OF STUDENT(S)			SEX	CLASS SCHEDULE CHOICE		GRADE	DATE	SACRAMENTS RECEIVED (Y/N)?		
Last	First	MI	M / F	Indicate Sun or Mon in boxes below		IN	OF BIRTH	Holy		
				1st Choice	2nd Choice	2024-2025	XX/XX/XX	Baptism	Communion	Confirmation

CLASS SCHEDULE

Where did student(s) attend religious education classes in 2023-2024?

Sunday 5:00 - 6:30 PM Grades 1-12
 Monday 4:45 - 6:15 PM Grades K-8
 Sunday 2:00 - 3:30 PM Good Shepherd

CHILDREN RESIDE WITH:

BOTH PARENTS
 MOTHER
 FATHER
 OTHER*

CARPOOL AUTHORIZATION

NAME: _____
 CONTACT INFO: _____

Tuesday: Only RCIC (Rite of Christian Initiation for Children) classes available

FEES (financial aid available)

Please make checks payable to St. Raymond Church.
 1 Student \$100
 2 Students \$115
 3+ Students \$130
 First Holy Communion Admin Fee \$10/child
 Confirmation Admin Fee (8th grade) \$50/child

* Name and Relationship:

The FCPS Family Life Education Program (FLE) contains elements which **compromise Church teachings**. Have you opted your child(ren) out of this program?
 YES NO

CONTINUED ON BACK

Student Accommodations (this information will be kept confidential):

Please note any allergies or other pertinent information, including special educational accommodations (IEP, 504, etc.), which will help us to provide a positive learning environment for your child. **By leaving this blank, you are stating that your child has no need for special accommodations.**

CHILD'S NAME/SCHOOL/ACCOMMODATION/ALLERGY: _____

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CHILD'S NAME/SCHOOL/ACCOMMODATION/ALLERGY: _____

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Does your child carry an Epi-pen? _____ If yes, does he/she know how to use it? _____

DECLARATION

I hereby authorize the Diocese of Arlington and St. Raymond of Penafort Catholic Church to use my child's picture or video for educational and/or marketing purposes. Yes _____ No _____

I acknowledge that I am aware of my role and responsibility of primary catechist of my children. I agree to comply with the policies and requirements of the St. Raymond Religious Education program. **(Please sign below)**

Parent or Guardian: _____ Relationship: _____ Date: _____

CHILD PROTECTION PROGRAM

The Office of Child Protection for the Diocese of Arlington provides programs to ensure a safe environment for children within the community of the Church. Depending on the age of the child, and with parental permission and involvement, the Diocese of Arlington offers several training programs designed for youth to permit them to be a last line of defense and to ensure every child has the tools necessary to combat abuse. For high school aged children in Religious Education or youth ministry, the training program will be made available to the parents.

Please INITIAL below whether or not you wish your child(ren) to participate in the program. If you choose not to have your child(ren) participate, you will receive an official Arlington Diocese Opt-Out Form (for each child) to be completed and returned to the Religious Education Office.

_____ **Yes, my child(ren) may participate in the Child Protection lesson.**

_____ **No, my child(ren) may NOT participate in the Child Protection lesson.**