

St. Sylvester Parish
Religious Education Registration
6464 Gulf Breeze Pkwy, Gulf Breeze, FL 32563

Parents (first and last names) _____

Date: _____

Father : _____

Mother: _____

Address: _____

Home Phone: _____

Mom/Dad Work #: M _____ D _____

Mom/Dad Cell #: M _____ D _____

M. Maiden: _____

Emergency Phone: _____

Custodial Parent, if different from above: _____ Email: _____

Rel Ed mailing to additional address? If so, state: _____ Both Parents Catholic? Y ___ N ___

I would like to volunteer with the EDGE, ROCK, LIFE TEEN program. (Circle one.)

****1/2 price tuition for children of religious education volunteers.*

Child 1	Birth Date	Sex	Grade	Sacr. Program?	School
_____ <small>First and last name, if different from parent</small>	_____	_____	_____	_____	_____

Child Email _____ Child Cell Phone _____

Sacrament and Date	Baptism	Catholic?	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

Child 2	Birth Date	Sex	Grade	Sacr. Program?	School
_____ <small>First and last name, if different from parent</small>	_____	_____	_____	_____	_____

Child Email _____ Child Cell Phone _____

Sacrament and Date	Baptism	Catholic?	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

Child 3	Birth Date	Sex	Grade	Sacr. Program?	School
_____ <small>First and last name, if different from parent</small>	_____	_____	_____	_____	_____

Child Email _____ Child Cell Phone _____

Sacrament and Date	Baptism	Catholic?	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

Fee information on back

Diocese of Pensacola Tallahassee

PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE OF A MINOR IN MEDIA

I, _____, the parent/legal guardian of the minor
child(ren) _____

hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including but not limited to the Florida Catholic, to use my child's/children's name(s) and/or photograph(s) for promotional, news or public relations purposes in print and/or electronic media pertaining to the _____
program/event.

Signed this _____ day of _____, 2009.

(Signature)

Please note that all use of images and/or names will comply with privacy and use policies of the Diocese of Pensacola-Tallahassee as published at www.ptdiocese.org. Names of minors are not published electronically in conjunction with their photographs.

2009/2010 Registration Fees

1st-5th ROCK - \$50.00

6th-8th EDGE - \$100.00

9th-12th LIFE TEEN - \$100.00

Includes book and all supplies

NOTE: If any of your children are receiving a sacrament this year, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____