

Saint Mark
Parish Religious Education Program
1025 Radcliffe Street, Bristol, Pa. 19007
2020 - 2021 Registration
(Please complete a form for each child)

Child's Name _____ Email _____

Address _____ City _____ State & Zip _____

Phone _____ Birth date _____ City/State of Birth _____

School Attending in 2020/21 _____ Grade _____

Address of School _____

Are you registered in St. Mark Parish? _____ Usual Mass Attended _____

Father's Name _____ Religion _____ Living/Deceased _____

Mother's Maiden Name _____ Religion _____ Living/Deceased _____

Marital Status _____, If you are separated or divorced, please describe parental rights, if any of former spouse,

Name of former spouse _____ Info _____

Person Responsible for Religious Education of Child

Name _____ Phone _____

Emergency Contact Information (We required this in the event you can't be reached at the above number during classes).

Name _____ Phone _____

Name _____ Phone _____

To assist our volunteer catechists in working with your child, please note anything of which we should be aware. This will be kept confidential (allergies, medications, learning difficulties, ADHD, etc)

Addition child/children attending our CCD Program

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Sacramental Information: Must be filled in COMPLETELY

Baptized Yes _____ No _____ Date Rec'd _____

Church _____ City, State (of Church) _____

First Penance Yes _____ No _____ Date Rec'd _____

Church _____ City, State (of Church) _____

First Communion Yes _____ No _____ Date Rec'd _____

Church _____ City, State (of Church) _____

Confirmation Yes _____ No _____ Date Rec'd _____

Church _____ City, State (of Church) _____

If your child is new to our program, we must have a copy of his/her Baptismal Certificate for our records.)

How many years of CCD/Religious Education has your child had? _____

Has your child attended CCD in another parish? _____ Length of time _____

Which parish? _____

Tuition: \$100.00 per child - \$ 180.00 for two - \$240.00 three, 300 four or more.

Official Use Only

Amount _____ Check #/ Cash _____ Date Paid _____

Balance _____

Promissory Note will be a \$75.00 deposit, Signed by Parent and CRE to be paid by the end of December 2020.

Parent Signature _____

CRE Signature _____