



PARISH RELIGIOUS EDUCATION PROGRAM

Please mail completed form to: St. Margaret of Scotland Religious Education Office 2431 Frazer Rd., Newark, DE 19702 Attention: Madeline Romano, DRE

FAMILY NAME: _____ Check here if different from child's last name _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP : _____
Mother's Full Name: _____ MOTHER'S CELL PHONE: _____
Father's Full Name: _____ FATHER'S CELL PHONE: _____
MOTHER'S EMAIL: _____ RELIGION: _____ MAIDEN NAME: _____
FATHER'S EMAIL: _____ RELIGION: _____ PARISH ID /ENVELOPE # _____
PARENTS' MARITAL STATUS: ___ MARRIED ___ SEPARATED ___ DIVORCED ___ SINGLE
CHILD(REN) RESIDE WITH: ___ BOTH PARENTS ___ JOINT CUSTODY ___ FATHER ___ MOTHER ___ GRANDPARENTS
STEPPARENT/GUARDIAN (IF APPLICABLE) : _____

PLEASE LIST CHILD(REN) REGISTRATION INFORMATION FROM OLDEST TO YOUNGEST CHILD IN THE RE PROGRAM

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
DATE OF BIRTH: _____
SCHOOL ATTENDING : (2020/21) _____
GRADE IN SCHOOL (2020—2021) _____
NOTES FOR CATECHISTS:(IEP, ALLERGIES, LEARNING CHALLENGES, ETC. _____
RELIGIOUS EDUCATION PROGRAM (SELECT ONE PER CHILD) ___ Sunday 8:45-10:15am ___ Sunday 8:45-10:15am ___ Sunday 8:45-10:15am ___ Sunday 8:45-10:15am
___ Tuesday 5—6:30 pm ___ Tuesday 5—6:30 pm ___ Tuesday 5—6:30 pm ___ Tuesday 5—6:30 pm
___ At Home Program ___ At Home Program ___ At Home Program ___ At Home Program

REQUIRED FOR REGISTRATION TO ST. MARGARET OF SCOTLAND RE PROGRAM:

- 1. Registered parishioners of SMOS parish
2. This completed registration form and 1 Consent Form A for each student registering
3. Copy of each child's baptism certificate (provide only if this is first year registering a child in the PREP program.)
4. Family Registration Fee of \$100, plus \$30 book & supply fee for each child registered in the PREP program.

FOR OFFICE USE ONLY:

Baptismal certificate : Child 1: ___ Child 2: ___ Child 3: ___ Child 4: ___
FEE RECEIVED: check # _____ Amount: _____ Balance: _____ Initials/Date: _____

IT IS ONLY NECESSARY TO FILL OUT THIS PAGE IF YOU ARE REGISTERING A CHILD IN THE SMOS RELIGIOUS EDUCATION PROGRAM FOR THE FIRST TIME.

SACRAMENT INFORMATION

Please provide the following information for each child registering for RE classes.

Please remember to provide a copy of each child's Baptism Certificate at the time of registration.

Child #1: Full Name: _____

Baptism Date: _____ Church Name and Address: _____

First Eucharist Date: _____ Church Name and Address: _____

Child #2: Full Name: _____

Baptism Date: _____ Church Name and Address: _____

First Eucharist Date: _____ Church Name and Address: _____

Child #3: Full Name: _____

Baptism Date: _____ Church Name and Address: _____

First Eucharist Date: _____ Church Name and Address: _____

Child #4: Full Name: _____

Baptism Date: _____ Church Name and Address: _____

First Eucharist Date: _____ Church Name and Address: _____