

St. Pius X Catholic Church, Manoa 2821 Lowrey Avenue, Honolulu, HI 96822

Religious Education Program Registration for 2022-2023 Registration Fee is \$50 per child.

Child's Informati	on (Please Print):		Status:	☐ New	\square Returning
Full Name:	Middle		Nicl	kname:	
Date of Birth:		Place of Birth:		/State/Country	
Grade Level:	School Nar	ne:		State/Country	
		School: D Public		e 🛭 Charter	☐ Home
Child's Faith Forn	nation (Please Print):				
Child has previousl	y been in Religious Educ	ation (RE) Classes:	☐ Yes ☐ No	If yes, how m	any years?
Church and place a	ttended for RE Classes:				
As part of the RE P	rogram, I would like my	child to prepare for	the following	Sacrament(s):	
_	iation/Confession	_	_		
	e read, signed, and attac			•	•
Try Cilia and I have	e read, signed, and attac	thed the Sacrament	ar Requireme	nt Agreement.	L res Livo
My child has alread	ly received the following	Sacraments (attack	n copy of Sac	rament Certifica	ates):
☐ Baptism¹ – I	Date		econciliation -	- Date	
☐ Confirmation	n – Date	D EU	ucharist – Dat	:e	
		<u></u>			
	on (Please Print):				
Primary Name:	First	Middle	Last		ionship
Secondary Name:_		madie	Last	Kelat	ΙΟΠΞΠΙΡ
Secondary Hamer_	First	Middle	Last	Relat	ionship
Primary Phone:		Email:			
	(Area Code) Phone Nur				
Secondary Phone:_	(Aran Cada) Dhana Nur				
Mailing Address:	(Area Code) Phone Nur	riber			
Mailing Address	Street Address			Apart	ment/Unit
_				•	,
	City	State	Zip	code	
Registered Parishio	ner at St. Pius X Church	, Manoa? □ Yes	⊔ No		
If no, Name of Chu	rch you belong to:				

RE Registration Form 8/16/22

If your child is not baptized or has been baptized in a non-Catholic religion, please submit copy of Birth Certificate.

Baptism classes are not part of this RE program and you will need to contact the parish office for further information.

Emergency Contact Information

Emergency Contact Name:			Phone:	
Relationship to Child:	First	Last		Code-Phone Number
Preferred Clinic/Hospital:				
Name of Doctor and Phone Numb	er:			
What are your child's food and m	edicine aller	rgies, if any?		
Parent Involvement				
Could you please assist in one of Catechist (Teaching) Donations	Cat	ng areas? techist Assistant ner, please specify (print):		
We look forward to having your incorporate Catholic Church Doctors grow in their love for God, others	rines. Regu	lar and timely attendance is		
Parent/Legal Guardian Signature		Relation	nship	Date

<u>Dismissal</u>: Parents/Legal Guardians may pick up your child in the "breezeway" after class.

Important Reminder

Please submit the following documents with this RE Registration Form:

- 1. Certificate of Sacraments copies (Baptism, Reconciliation, Confirmation, Eucharist).
- 2. Consent Forms (Photography/Media, Safe Environment)
- 3. Sacrament Requirement Agreement Form signed by Child/Parent.
- 4. Make checks payable to *St. Pius X Catholic Church* and add memo to identify payment for "2022-2023 RE Program".

Received by (Please Print):	For Office Use:					
Certificates Received: Baptism Reconciliation Confirmation Eucharist	Received by (Please Print)	z				
_ · ·	Amount Received:	Cash	_Check	Other	Date	received:
Consent Forms Received:	Certificates Received:	☐ Baptism	☐ Rec	onciliation	☐ Confirmation	☐ Eucharist
	Consent Forms Received:	Photo	☐ Saf	e Environment	☐ Sacrament Requ	irement Agreement

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