

THE BASILICA OF SAINT MARY STAR OF THE SEA  
RELIGIOUS EDUCATION PROGRAM

1010 Windsor Lane  
Key West, Florida 33040

For Mailing Purposes

Please check one

New \_\_\_\_\_

Returning \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Town + Zip Code \_\_\_\_\_

For Office Use Only

Fee \_\_\_\_\_

Bapt. Cert. \_\_\_\_\_

Comm. Cert \_\_\_\_\_

Birth Cert. \_\_\_\_\_



2019 - 2020

Best email and cell phone to be reached at

E-mail \_\_\_\_\_

Cell phone \_\_\_\_\_

Today's date \_\_\_\_\_

Registration  
Form

Child's Name \_\_\_\_\_

First

Last

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Street

Town

Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_ Telephone \_\_\_\_\_

Mother maiden name \_\_\_\_\_ Religion \_\_\_\_\_ Telephone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Religion \_\_\_\_\_

Name, address and telephone number of emergency contact person, other than the parent

\_\_\_\_\_  
\_\_\_\_\_

Public School attending \_\_\_\_\_ Grade \_\_\_\_\_

Baptized \_\_\_\_\_ Yes, in a Catholic Church \_\_\_\_\_ Yes, in a non-Catholic Church \_\_\_\_\_ No

Celebrated First Penance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Received First Holy Communion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Certificates must be presented as soon as possible of all Sacraments received

Has been in a religious education program before \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which parish? \_\_\_\_\_

Is the family registered in a Catholic parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which parish? \_\_\_\_\_

Continued on the other side →

**Special Needs.** Please indicate allergies, medical condition, medications, etc.

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- Please note:
1. All of the above information is treated as confidential.
  2. It is expected that your child attend Mass every Sunday.
  3. Attendance is imperative; bring your child to classes every Wednesday.

**Dismissal Directives**

\_\_\_\_ My/our child(ren) has/have permission to walk home from class and other activities.  
\_\_\_\_ I/we, \_\_\_\_\_, will be picking up my/our child(ren) after class and activities.  
\_\_\_\_ \_\_\_\_\_ will be picking up my/our child(ren) after class and activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical and Emergency Directives**

Persons that are to be contacted in the case of an Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor for Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

- I request that the representative of the Parish Religious Education Program contact me at the above number.
- If I'm unable to be reached, I hereby authorize such representative to call the physician above and follow his instructions or call Emergency Medical Services (EMS).
- If it's impossible to contact this physician, the representative of the Parish Religious Education Program may take whatever action considered necessary

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are there any Family situations (e.g. illness or death of a relative, divorce, etc.) that you consider would be helpful for us to know?

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I authorize the Parish Religious Education Program to share pictures of my child(ren) on their Website Yes \_\_\_\_\_  
No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_