



4323 Don Julio Blvd., North Highlands, CA 95660  
 Telephone: 916-332-4777 ♦ Fax: 916-332-8325  
 www.stlawrencenh.org

# 202\_ - 202\_\_ REQUIREMENTS FOR THE RELIGIOUS EDUCATION PROGRAM **FIRST COMMUNION**

**Family Last Name:** \_\_\_\_\_

**PARENTS:** *Please read each statement carefully and place your initials in the right-hand column indicating that you agree with the statement.*

**I PLEDGE TO:**

#	Description	Initials
1.	Commit to praying with my child/children and helping my child/children learn all their assigned prayers.	
2.	Keep the Third Commandment ( <b>Remember to keep holy the Lord's Day.</b> ) Parents must attend Mass with their children every Sunday as well as participate in required activities—(examples: Posadas, Stations of the Cross, Confessions, Retreats, etc).	
3.	Make sure that my child/children turns in their Weekly Offertory Envelope at Mass each Sunday & Holy Days of Obligation.	
4.	Bring my child/children to class <b>on time</b> . Three tardies become an absence. Only <b>three</b> excused absences are allowed per school year (excused absences = note from doctor, absence due to death in family). Parent must contact the child's/children's catechist to receive the assignment for the day of absence.	
5.	See that my child/children <b>DO NOT</b> bring cell phones to class. <b>THE USE OF CELL PHONES IN CLASS IS PROHIBITED. Use of cell phone in class will count as an absence and will add one hour of volunteer time by a parent.</b>	
6.	Attend classes for parents during the time my child/children are in class. <i>(Each absence will affect your child's attendance.)</i>	
7.	<b>Immediately notify the Religious Education Office of any changes of address or telephone.</b>	
8.	Pick up my child/children on time after class.	
9.	Complete 25 hours of community service work for St. Lawrence Church. ( <b>Note:</b> If you have not completed the hours from a previous year, you will be required to do so.)	

We understand that these are the requirements of the Religious Education Program of St. Lawrence the Martyr Catholic Church. Failure to comply with the above initialed rules will prevent my son/daughter from receiving a Sacrament until the requirements are met.

By signing this contract we are in agreement and are committed to follow the requirements of the program.

**Name of Parent or Guardian:** \_\_\_\_\_

**Parent Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_



**Saint  
LAWRENCE**  
— THE MARTYR

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## 202\_\_ - 202\_\_ REQUIREMENTS FOR THE RELIGIOUS EDUCATION PROGRAM

### FIRST COMMUNION \_\_\_ 1<sup>st</sup> Year \_\_\_ 2<sup>nd</sup> Year

DATE: \_\_\_\_\_

#### CHILD TO BE ENROLLED IN RELIGIOUS EDUCATION

CHILD: \_\_\_\_\_ GENDER:  Male  Female GRADE IN SEPTEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ WAS CHILD BAPTIZED CATHOLIC?  Yes  No  
If "No", what denomination? \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CATHOLIC?  Yes  No  
First Middle Last Cellular Number

MOTHER'S NAME: \_\_\_\_\_ CATHOLIC?  Yes  No  
First Middle Last Cellular Number

CUSTODIAL PARENT IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
First Middle Last Cellular Number

HOME ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
Street City Zip Code

EMERGENCY CONTACT INFORMATION: \_\_\_\_\_  
First Name Middle Name Last Name Telephone or Cellular Number

**REQUIRED  
CERTIFICATES/  
DOCUMENTS:**

Description	Date Received	Received By	File Name	Documents Returned
Birth Certificate				
Baptismal Certificate				
Letters				

✓ Parent Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### SPECIAL NEEDS: MEDICAL CONDITIONS, PROBLEMS, FOOD ALLERGIES, ETC.

List Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Mother or Father: \_\_\_\_\_ Date: \_\_\_\_\_

#### IF CASE OF MEDICAL EMERGENCY REGARDING MY CHILD . . .

Please indicate what is to be done in the case of an accident or emergency involving my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that St. Lawrence Catholic Church Religious Education Program does not assume financial responsibility for payment of medical expenses. I hereby agree to bear all costs incurred as a result of the foregoing.

Parent Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date	Receipt Number	Amount Received	Cash or Check	Balance	Invoice No.	Received By



**CAREFULLY READ THE FOLLOWING BEFORE REGISTERING YOUR CHILD/CHILDREN IN THE ST. LAWRENCE CHURCH RELIGIOUS EDUCATION PROGRAM:**



**Please do not register your child/children if you are not 100% committed to your child's/childrens' religious education. This means that you will ensure that the Religious Education Program maintains first priority in your lives.**

We understand that your child's academic, physical, and extracurricular activities are an important part of your child's/childrens' education; however, we believe that their religious education is also very important. This is especially true if a child is enrolled in the program to receive a Sacrament such as First Communion or Confirmation. It is essential that students attend all classes in order to be prepared to receive their Sacraments. Please talk with your child's teachers and/or sports coaches so that schedules do not conflict with religious education classes BEFORE registering your child in our program.

As a parent, you must make sure that no other activity (school or sports) conflicts with Tuesday and/or Thursday evening classes from 5:30 pm / 7:00 pm classes from September 2020 to May 2021. Tuesday and Thursday evenings must be reserved for religious education classes. If you believe that you cannot make this commitment, please do NOT register your child in the program at this time. We will NOT be making special permission for any other extracurricular activities.

If you concur and are committed to the religious education of your child/children, please sign below:

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NO GODPARENTS / SPONSORS REQUIRED FOR FIRST COMMUNION**

In line with liturgical guidelines, St. Lawrence Parish will not be using Godparents / Sponsors for children receiving their First Communion.

Please sign that you have read and understand:

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Saint*  
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**202\_\_ - 202\_\_**  
**FIRST COMMUNION**

## **TERMS AND CONDITIONS FOR REFUND OF RELIGIOUS EDUCATION FEES**

Thank you for enrolling your child/children in Religious Education with us. We are pleased that you are part of our family and we welcome you. If for any reason you cannot stay with us because of moving out the parish service area or unexpected changes in your life, we will gladly assist you with your fee refund.

Our Refund Policy is as follow:

<b>TIME PERIOD</b>	<b>AMOUNT OF REFUND</b>
From the day of registration to before the first week of classes	80% of the fees
From the first day of classes until the beginning of the fourth week of classes	50% of the fees
From the fourth week of classes forward	There will be no refunds.

A REQUEST FOR REFUND OF RELIGIOUS EDUCATION FEE FORM must be completed and submitted to the Parish Business Manager for review. If approved, your refund will be mailed to you within two weeks.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_