

**SAINT MARK**  
THE EVANGELIST PARISH  
SCHOOL OF RELIGIOUS EDUCATION

1924 Zephyr Avenue, Ft. Pierce, FL 34982 (772) 461-8150 (Parish Office)  
SAINTMARKCCD@GMAIL.COM

**APPLICATION FOR RELIGIOUS EDUCATION**

Name of person submitting application: \_\_\_\_\_  
Relationship to student(s)     father     mother     legal guardian/ other \_\_\_\_\_

**FAMILY INFORMATION:**

Father's full name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ email address \_\_\_\_\_

What is the best way to contact you? Please check preference:     Home phone     cell phone     text     email

Mother's full name: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ email address: \_\_\_\_\_

What is the best way to contact you? Please check preference:     Home phone     cell phone     text     email

Mailing Address only if different than father's: \_\_\_\_\_

Legal Guardian full name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ email address: \_\_\_\_\_

What is the best way to contact you? Please check preference:     Home phone     cell phone     text     email

Is family registered at St. Mark?     YES     NO  
if not, name of parish registered at: \_\_\_\_\_

Please check the box if you would like to be registered at St. Mark the Evangelist Catholic Church

**CHILDREN/STUDENT INFORMATION**

**For sacraments not received at Saint Mark the Evangelist Catholic Church please submit a copy of the sacramental certificate.**

FULL NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ School Grade 2019/2020: \_\_\_\_\_

Baptism date/year \_\_\_\_\_ Name of Parrish and address \_\_\_\_\_

1<sup>st</sup> Communion date/year: \_\_\_\_\_ Name of Parrish and address \_\_\_\_\_

Confirmation date/year: \_\_\_\_\_ Name of Parrish and address \_\_\_\_\_

Known allergies to food/medications:     yes     no, if yes please list: \_\_\_\_\_ -

Any special circumstances we should be aware to help aide in your child's religious education? \_\_\_\_\_

Will this child be attending our program 2019-2020 next school year?  YES  NO

**FULL NAME:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **School Grade 2019/2020:** \_\_\_\_\_

**Baptism date/year** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**1<sup>st</sup> Communion date/year:** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**Confirmation date/year:** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**Known allergies to food/medications:**  yes  no, if yes please list: \_\_\_\_\_

**Any special circumstances we should be aware to help aide in your child's religious education?** \_\_\_\_\_

Will this child be attending our 2019-2020 program?  YES or  NO

**FULL NAME:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **School Grade 2019/2020:** \_\_\_\_\_

**Baptism date/year** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**1<sup>st</sup> Communion date/year:** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**Confirmation date/year:** \_\_\_\_\_ **Name of Parrish and address** \_\_\_\_\_

**Known allergies to food/medications:** yes no, if yes please list: \_\_\_\_\_

**Any special circumstances we should be aware to help aide in your child's religious education?** \_\_\_\_\_

Will this child be attending our 2019-2020 program?  YES  NO

**PERMISSION AND MEDICAL TREATMENT WAIVER:**

I, \_\_\_\_\_ The Parent/Legal Guardian of \_\_\_\_\_

Do hereby give permission for him/her to attend religious education classes and to be treated for a medical emergency in my absence while participating in the program. The adult supervisor may act as my agent in my absence. In case of an accident, I do not hold the Diocese of Palm Beach, teacher's at St. Mark the Evangelist Parish, its staff or the adult supervisor responsible.

In case of an emergency, if I cannot be reached at the above address and phone, please contact:

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

**RELATIONSHIP** \_\_\_\_\_ **Is this person authorize to take child(ren) home** \_\_\_\_\_

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

**RELATIONSHIP** \_\_\_\_\_ **Is this person authorize to take child(ren) home** \_\_\_\_\_

**PARENT/LEGAL GAURDIAN SIGNATURE:** \_\_\_\_\_