FY27 Catholic Religious Education Registration
St. Martin of Tours Catholic Community - Fort Lee, Virginia

Please LEGIBLY PRINT all information

Family Surname:_____

Mother:_____
Name E-mail

_____
Home Phone Cell Phone

Father:_____
Name E-mail

_____
Home Phone Cell Phone

Street Address:_____

City:_____State:_____Zip:_____

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1st Child Full Legal Name:_____

Date of Birth:_____ Gender: M F Grade:_____

Status: Dependent or Active Duty SM
If a Dependent, dependent of: Active Duty Retiree Civilian Reserve/Guard

Food Allergies: Yes_____ No_____ * List_____

Environmental Allergies: Yes_____ No_____ * List_____

Special Needs: Yes_____ No_____ * List_____

Recorded Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

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2nd Child Full Legal Name:_____

Date of Birth:_____ Gender: M F Grade:_____

Status: Dependent or Active Duty SM
If a Dependent, dependent of: Active Duty Retiree Civilian Reserve/Guard

Food Allergies: Yes_____ No:_____ * List_____

Environmental Allergies: Yes_____ No_____ * List_____

Special Needs: Yes_____ No_____ * List_____

Recorded Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

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3rd Child Full Legal Name:_____

Date of Birth:_____ Gender: M F Grade:_____

Status: Dependent or Active Duty SM
If a Dependent, dependent of: Active Duty Retiree Civilian Reserve/Guard

Food Allergies: Yes_____ No:_____ * List_____

Environmental Allergies: Yes_____ No_____ * List_____

Special Needs: Yes_____ No_____ * List_____

Recorded Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

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4th Child Full Legal Name:_____

Date of Birth:_____ Gender: M F Grade:_____

Status: Dependent or Active Duty SM
If a Dependent, dependent of: Active Duty Retiree Civilian Reserve/Guard

Food Allergies: Yes_____ No_____ * List_____

Environmental Allergies: Yes_____ No_____ * List_____

Special Needs: Yes_____ No_____ * List_____

Recorded Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

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5th Child Full Legal Name:_____

Date of Birth:_____ Gender: M F Grade:_____

Status: Dependent or Active Duty SM
If a Dependent, dependent of: Active Duty Retiree Civilian Reserve/Guard

Food Allergies: Yes_____ No:_____ * List_____

Environmental Allergies: Yes_____ No_____ * List_____

Special Needs: Yes_____ No_____ * List_____

Recorded Sacraments: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

AMS Family Witness to Christ

_____ I understand my child(ren) will be required to register in the AMS Family Witness to Christ program. My child(ren) will be asked to complete assignments via this online platform.

Photo Release (initial one choice)

Throughout the year, photos or videos may be taken during classes, sacramental preparation, and special events to celebrate and share the life of our faith community. Photos or videos taken of myself/my child may be used by the St. Martin of Tours Catholic Community and Memorial Chapel for communication, educational, and promotional purposes. This may include chapel bulletins, bulletin boards, presentations, and official installation or Archdiocese for the Military Services social media or websites. I understand that names and identifying information will not be published without additional consent.

_____ Yes, I give permission
_____ No, I do not give permission

Child Safety

_____ I understand that my child(ren) will not communicate with any adult or teen employee or volunteer inside of or outside of the classroom setting without at least one additional adult in their presence. This includes any setting outside of Memorial Chapel.

* For example: A child and an adult/teen employee/volunteer will not privately communicate via text, telecommunication, email, or message on any electronic platform.

* For example: A child and an adult/teen employee/volunteer will not privately communicate via in-person conversation at a store, a gymnasium, a playground, etc.

Child Release for adolescents up to the age of 18 (initial each statement)

_____ Parents will escort their child(ren) to the classroom no earlier than 1015.
_____ Parents will sign in their child(ren) on the attendance roster. Children may not be left unattended until the Catechist or Aide is present.
_____ Parents will pick up their child(ren) from the classroom at 1130 (Confirmation - 1200).
_____ Parents will sign out their child(ren) on the attendance roster.

Authorization

The following named persons over the age of 18 are authorized to sign my child(ren) in and out of CRE:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature_____Date_____