

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 _____



2024 - 2025

Registration Form

Name _____

Street _____

Town + Zip Code _____

Best email and cell phone to be reached at

E-mail _____

Cell phone _____

Today's date _____

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 the other side →

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

- Please note:
1. All 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.

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?

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

Signature _____ Date _____



The Basilica of Saint Mary Star of the Sea

1010 Windsor Lane
Key West FL, 33040

2024-2025 - STUDENT RELIGIOUS EDUCATION INFORMATION

PLEASE CHECK ONE ✓

FIRST COMMUNION: _____ CONFIRMATION: _____ BOTH: _____

STUDENT NAME: _____
(FIRST) (MIDDLE) (LAST) (COPY OF BIRTH CERTIFICATE)

STUDENT DATE OF BIRTH: _____ PLACE OF BIRTH _____
MM/DD/YYYY (CITY/STATE (COUNTRY))

FATHER'S NAME: _____ RELIGION _____
(FIRST) (LAST)

MOTHER'S NAME: _____ RELIGION _____
(FIRST) (LAST) (MAIDEN NAME)

HOME ADDRESS: _____

PHONE - HOME/CELL/ _____ E-MAIL: _____

STUDENT BAPTIZED? YES: _____ *NO: _____ (IF YES) – DATE OF BAPTISM: _____

NAME/LOCATION/DENOMINATION OF CHURCH: _____
(COPY OF BAPTISMAL CERTIFICATE)

STUDENT'S AGE AT TIME SACRAMENT(S) RECEIVED: _____

STUDENT CONFIRMATION (SAINT) NAME: _____

FOR CONFIRMATION STUDENTS: GODPARENT/SPONSOR'S NAME: (1) _____

IS THE SPONSOR TO BE REPRESENTED BY PROXY? YES _____ NO _____ NAME _____

*If your child has not yet been baptized, please ask for the baptism form, and fill it out. Call the Rectory Office and make an appointment to baptize your child.

Please add the birth and baptism certificates with this application.