Ave Maria Catholic Church
5078 Pope John Paul II Blvd. Ste. #107
Ave Maria, FL 34142
avemariaparish.org
(239) 261-5555
Becky Hampton DRE
becky.h@avemariaparish.org

Please complete the Religious Education Registration Form ***and*** respective **First Communion, Confirmation, Adult Confirmation, OCIC-Youth or OCIA-Adult** applications if any family member is receiving sacramental preparation.

Religious Education Registration 2026-2027

Cost: $70.00 per child

Family Information:

Last Name:_____ Religion:_____

Father's Name:_____ Religion:_____

Father's email:_____ Cell#_____

Mother's Name:_____ Religion:_____

Mother's email:_____ Cell#_____

Home Address:_____ City/Zip:_____

Child(ren) Informatio

Child 1:

Name:_____DOB:_____

Age:_____Grade:_____School:_____

Prior years of religious education: _____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____

Child 2:

Name:_____DOB#_____

Age:_____Grade:_____School:_____

Prior years of religious education:_____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____

Please read the following carefully-I understand that my child's religious education is a way of life. I am willing to make the commitments necessary to support their faith formation; including family participation at weekend Masses, Holy Days of Opportunity, attending required classes, etc. After reception of the sacraments, I will continue to support my child's religious education and encourage this lifetime process of ongoing conversion. ***Immaculate Heart of Mary, pray for us!***

Parent's Signature:_____**Date:**_____

Child 3:

Name:_____DOB:_____

Age:_____Grade:_____School:_____

Prior years of religious education:_____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____

Child 4:

Name:_____DOB:_____

Age:_____Grade:_____School:_____

Prior years of religious education:_____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____

Child 5:

Name:_____DOB:_____

Age:_____Grade:_____School:_____

Prior years of religious education:_____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____

Child 6:

Name:_____DOB:_____

Age:_____Grade:_____School:_____

Prior years of religious education:_____Where:_____

Provide date and place of sacraments received:

Baptism:_____

First Communion:_____

Confirmation:_____