

Religious Education Registration Form

Check # _____ Amt. \$ _____

Student fee: Grades 1, 2, 3 & 4 \$30.00 per student
Grades 5, 6 & 7 \$36.00 per student

Registered Parish (Name & Address): _____

Student's Name

Grade: _____ Sex: M F

Last First Middle

Date of Birth _____
(mm/dd/yyyy)

Address: _____

Home Phone () _____

E MAIL ADDRESS _____

Parent/Guardian Information:

Father's Name _____

Father's Religion _____

Address: _____

Cell # () _____

Mother's Name _____

Mother's Religion _____

Address: _____

Cell # () _____

Name of Person to be contacted in case of Emergency: _____

Relationship to Child _____

Phone # () _____

Food Allergies/ Special dietary restrictions: _____
(If more space is necessary, use other side of this form.)

Sacrament Information: (List all dates as mm/dd/yyyy)

Date of Baptism: _____

Date of Affirmation of Faith: _____

Name and address of Church where Sacrament received: _____

Date of Reconciliation: _____

Date of First Communion: _____

Name and address of Church where Sacrament received: _____

List all previous years of religious education, including name and address of Church: (if more space needed, use back of form).

Copies of Baptismal Certificates **MUST** be kept in our files for the reception of the Sacraments, bring a copy with you to registration. Registration will **NOT** take place without a Baptismal Certificate.