

Date: _____

STUDENT RELIGIOUS EDUCATION REGISTRATION -- Please Print

Student's Name _____
Last First Middle

Circle One: MALE FEMALE Date of Birth _____
Month / Day/ Year

Present School _____ Grade child will go into in August _____

Primary Cell Phone _____ Secondary Cell Phone _____

Biological Father's Name _____
First Name Last Name

Biological Mother's Name _____
First Name Last Name Maiden Name

Please check the following that apply to your child:

Health problems _____ allergies _____ learning problems _____ behavior problems _____

ADD _____ ADHD _____ Other _____

Is child on medication that we should be aware of? _____ What _____

Is there anything else that we should know about your child?

Is this is your child's first year in our Religious Education Program? _____
(yes) (no) If no when did they attend (year/grade)

If your child attended Religious Education Classes at another Church, please complete the following

Grades child attended other R.E. Program: _____ Where: _____

Grades child attended Catholic School: _____ Where: _____

Sacrament	Date	Name of Church	City/State	Check here if not received
Baptism				
Reconciliation				
First Communion				
Confirmation				

Remarks