

# Religious Education Registration Form

**Family Last Name** \_\_\_\_\_ **Home Phone#** \_\_\_\_\_  
**Address** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**City, State & Zip** \_\_\_\_\_

Parent Sacrament information			
If received, enter "X"			
Baptism	Recon.	Eucharist	Confirmation

**Mother's First & Maiden Name** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Parish/Church** \_\_\_\_\_  
**Father's First & Last Name** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Parish/Church** \_\_\_\_\_

## Student(s) Registering

Last Name	First Name	Birthday Mo/Day/Yr	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sacrament Information			
If received please enter date received			
Baptism	Recon.	Eucharist	Confirmation

## Emergency Contact

Name _____	Phone _____	How Related _____
Name _____	Phone _____	How Related _____

**Child(ren) live(s) with:** Both Parents \_\_\_\_\_ Mother Custody: 100% \_\_\_ 50% \_\_\_ Father Custody: 100% \_\_\_ 50% \_\_\_

If children do not live with both parents, does the non-custodial parent have permission to pick up the child from class? Yes \_\_\_ No \_\_\_

Should the non-custodial parent be kept informed of all activities of the Religious Education Program? Yes \_\_\_ No \_\_\_ (if Yes, provide address)

**\*\*\*\*Enclose \$25 for one child, \$45 for two children or \$50 for three or more**

over \_\_\_\_\_ →

Please detail any special information or health problems regarding each of the students registering below. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc). **This information will be kept strictly confidential; it is for Religious Education only.**

**If child is not baptized at this parish, please provide a copy of the Baptismal Certificate.**

**Student's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical needs \_\_\_\_\_  
that impact learning:

Special Learning needs: \_\_\_\_\_

Medications child takes: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical needs \_\_\_\_\_  
that impact learning:

Special Learning needs: \_\_\_\_\_

Medications child takes: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical needs \_\_\_\_\_  
that impact learning:

Special Learning needs: \_\_\_\_\_

Medications child takes: \_\_\_\_\_