

## Religious Education Registration Form

Family Last Name _____ Home Phone# _____		email: _____																																					
Address _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Parent Sacrament Info</th> </tr> <tr> <th colspan="4" style="text-align: center;">If rec'd, enter "X"</th> </tr> <tr> <th style="width: 25%;">Bap</th> <th style="width: 25%;">Recon</th> <th style="width: 25%;">Euch</th> <th style="width: 25%;">Conf</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City, State &amp; Zip _____</td> <td colspan="2"></td> </tr> <tr> <td>Mother's First &amp; Last Name _____</td> <td>Religion _____</td> <td colspan="2">Parish/Church _____</td> </tr> <tr> <td colspan="2">_____</td> <td colspan="2"></td> </tr> <tr> <td>Father's First &amp; Last Name _____</td> <td>Religion _____</td> <td colspan="2">Parish/Church _____</td> </tr> <tr> <td colspan="2">_____</td> <td colspan="2"></td> </tr> </table>		Parent Sacrament Info				If rec'd, enter "X"				Bap	Recon	Euch	Conf					City, State & Zip _____				Mother's First & Last Name _____	Religion _____	Parish/Church _____		_____				Father's First & Last Name _____	Religion _____	Parish/Church _____		_____			
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_____																																							

Student(s) Registering:					*Sacrament Info			
Last Name	First Name	Birthday MO/DAY/YR	Grade	School	If rec'd enter date received			
					Bap	Recon	Euch	Conf
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Emergency Contact	Name: _____	Relationship: _____	
	Phone # _____	or _____	
	Name: _____	Relationship _____	
	Phone # _____	or _____	

Child(ren) live with: <input type="checkbox"/> Both parents	Mother: Custody <input type="checkbox"/> 100% <input type="checkbox"/> 50%	Father: Custody <input type="checkbox"/> 100% <input type="checkbox"/> 50%
If children do not live with both parents, does the non-custodial parent have permission to pick the child up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should the non-custodial parent be kept informed of all activities of the Religious Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide address)
Is this by mutual agreement or court order? <input type="checkbox"/> Agreement <input type="checkbox"/> Court ordered		_____

Please detail any special information or health problems regarding each of the students registering on the back of this page. 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 use only.

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

**Child's Name:** \_\_\_\_\_

Describe any physical needs that impact learning: \_\_\_\_\_

**Individual Child's Information** Describe any identified learning needs: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications that this child takes regularly: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Describe any physical needs that impact learning: \_\_\_\_\_

**Individual Child's Information** Describe any identified learning needs: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications that this child takes regularly: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Describe any physical needs that impact learning: \_\_\_\_\_

**Individual Child's Information** Describe any identified learning needs: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications that this child takes regularly: \_\_\_\_\_

**Do not write below - for office use only**  
Date Registered \_\_\_\_\_  
Book Fee - Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_