

# Religious Education Registration Form

**STUDENT:** \_\_\_\_\_

Family: \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Dates/Places**

**Date:**

**Place:**

**Birthdate:** \_\_\_\_\_

**Baptism:** \_\_\_\_\_

**Reconciliation:** \_\_\_\_\_

**First Communion:** \_\_\_\_\_

**Confirmation:** \_\_\_\_\_

**Parents/Guardians**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Would you like to receive your child/children's collection envelopes? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have a learning disability? \_\_\_\_\_

I have received a copy of the Religious Education Handbook, schedule, and give permission for my child/children to participate in the Diocesan Safe Environment Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Siblings in Religious Education Classes**

**Grade**

**Paid by:** Cash

Check #

**Pay later:** \_\_\_\_\_