

Religious Education Program Student Registration

Today's Date _____

Student

Last Name _____ First _____ Middle _____

Preferred Name (Nickname) _____

Gender: *Male* *Female* Grade _____ Date of Birth ____/____/____

Place of Birth: City _____ State _____ Country _____

Birth Parents

Father: First _____ Middle _____ Last _____

Mother: First _____ Middle _____ Maiden _____

Student Sacramental History

	Yes	No	Date	Church
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Eucharist/ Communion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

***Please provide a copy of the Baptismal Certificate for children preparing for First Holy Communion and Confirmation.**

Head of Household/Parent/Guardian

Last Name _____ First _____ Middle _____

Work Phone _____ ext. _____ Cell Phone _____

Email Address _____

Spouse/Parent/Guardian

Last Name _____ First _____ Middle _____

Work Phone _____ ext. _____ Cell Phone _____

Email Address _____

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Family Contact Information

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contact

Last Name _____ First _____

Phone _____ ext. _____ Cell Phone _____

Relationship to Child _____