

Religious Education Registration Form

Registered _____ or
Non registered communicant _____

STUDENT'S NAME _____
First Middle Last

GRADE _____ SCHOOL _____

DATE OF BIRTH _____ PLACE _____
Month Day Year City/Town State/Zip

SACRAMENTAL INFORMATION

BAPTISM: DATE OF BAPTISM _____
Month Day Year

CHURCH _____ PLACE _____
City/Town State/Zip

FIRST CONFESSION: Yes No CHURCH _____

FIRST COMMUNION: DATE OF FIRST COMMUNION _____
Month Day Year

CHURCH _____

PLACE _____
City/Town State/Zip

FAMILY INFORMATION

FATHER'S NAME _____
First Middle Initial Last

MOTHER'S NAME _____
First Middle Initial Last

ADDRESS _____
No./Street City/Town State/Zip

MAILING ADDRESS (if different) _____

HOME PHONE: _____ WORK PHONE: Father's _____
Mother's _____

PERSON TO CONTACT IN CASE OF EMERGENCY: Name _____

RELATIONSHIP _____ PHONE _____

COMMENTS (Please list any health and/or learning problems): _____

