

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

### STUDENT RELIGIOUS EDUCATION REGISTRATION -- Please Print

Student's Name \_\_\_\_\_  
Last First Middle

Circle One: MALE FEMALE Date of Birth \_\_\_\_\_  
Month / Day/ Year

Present School \_\_\_\_\_ Grade child will go into in August \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
First Name Last Name

Mother's Name \_\_\_\_\_  
First Name Last Name Maiden Name

Please check the following that apply to your child:

Health problems \_\_\_\_\_ allergies \_\_\_\_\_ learning problems \_\_\_\_\_ behavior problems \_\_\_\_\_

ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Other \_\_\_\_\_

Is child on medication that we should be aware of? \_\_\_\_\_ What \_\_\_\_\_

Is there anything else that we should know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this is your child's first year in our Religious Education Program? \_\_\_\_\_  
(yes) (no) If no when did they attend (year/grade)

If your child attended Religious Education Classes at another Church, please complete the following

Grades child attended other R.E. Program: \_\_\_\_\_ Where: \_\_\_\_\_

Grades child attended Catholic School: \_\_\_\_\_ Where: \_\_\_\_\_

Sacrament	Date	Name of Church	City/State	Check here if not received
Baptism				
Reconciliation				
First Communion				
Confirmation				

Remarks