

Religious Education Registration Form

All information is required

Full Name of Child	
Address:	
Date of Birth	
Grade in School	Age:
Date and Place of Baptism	
Date and Place of First Holy Communion	

Parent /Guardian Information

Parent Name _____ Cell Phone Number _____

Home Phone Number _____ Other Contact #s _____

Email: _____

Additional Children

Full Name of Child		Full Name of Child	
Address		Address	
Date of Birth		Date of Birth	
Grade in School	Age	Grade in School	Age
Date and Place of Baptism		Date and Place of Baptism	
Date and Place of First Holy Communion		Date and Place of First Holy Communion	

Please provide copies of certificates for sacraments received

Registration Fee: \$40.00 for the first child and \$15.00 for each additional child in the same family

For Official Use only Date Received _____ Number Registered _____ Total Received \$ _____