

Religious Education Registration Form (page 1 of 2)

Parishioner Fee \$30/child / Non-Parishioner Fee \$50/child

Please provide me with information on becoming a catechist!

Family Name:	Registered in Parish: Yes ___ N ___
Mother's name:	Father's Name:
Mother's Religion:	Father's Religion:
Mother's Work phone:	Father's Work Phone:
Mother's Cell phone:	Father's Cell Phone:
e-mail:	e-mail:

Home Phone:	
Street Address:	
City:	
Zip:	
Child Resides with:	
Emergency Contact Information:	
Name:	Physician's Name:
Phone:	Insurance Carrier:
Relationship:	Policy Number:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these regulations may result in that individual being sent home.

Consent valid through May 31, 2020

Signature of parent/guardian (if completing online, sign in person on 1st day) and date

TURN OVER →

Student Name:	Grade for 2019-2020 school year:
DOB:	Pre-school age as of 8/1/2020:
Gender: M F	Baptism info:
Sacraments received (circle what applies):	Church:
Baptism	City: St.:
Reconciliation	Date:
1st Communion	
Confirmation	

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