

SCHOOL OF RELIGION

2006-2007

Full Name of Student: _____
Date of Birth: _____ Age: _____ Grade: _____

Address:
Street _____ City: _____ State: _____ Zip: _____

Child lives with: both parents _____ Father: _____ Mother: _____

Phone where child lives: _____

School Attending: _____

Parish attending: _____

Full Names of Parents:

Mother: _____

Father: _____

Address if different from child: Specify with Circle: Mother / Father / NA

Street _____ City: _____ State: _____ Zip: _____

Phone:

Home: _____ Work-Mother: _____

Work-Father: _____

E-mail _____

Sacraments the child has received:

Baptism _____ Where: Church: _____

City: _____ State: _____

(If child is to receive a sacrament, please get the certificate for our records.)

Check if child has received this sacrament:

Reconciliation: _____ **Communion:** _____ **Confirmation:** _____

Registration fee is \$30.00 - Cash _____ Check # _____