

Religious Education Registration Student

Family ID _____

Membership Status _____

Today's Date _____

Student

Last Name _____ First _____ Middle _____

Gender Male Female Grade _____ Date of Birth ____ / ____ / ____

Language spoken in the classroom English Spanish

Student Sacrament History	Yes	No	Date
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Eucharist/Communion	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____

Head of Household / Parent / Guardian

Last Name _____ First _____ Middle _____

Work Phone _____ ext. _____ Cell Phone _____

Email address _____

Spouse / Parent / Guardian

Last Name _____ First _____ Middle _____

Work Phone _____ ext. _____ Cell Phone _____

Email address _____

Family Contact Information

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____