

Family Name \_\_\_\_\_

New \_\_\_\_\_ Returning \_\_\_\_\_

**RELIGIOUS EDUCATION REGISTRATION**

**Family Information Form**

**2010-2011**

Family Last Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's *maiden* name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_

Street

Town

ZIP

Phone (home/cell) \_\_\_\_\_ / \_\_\_\_\_ School district child(ren) attend \_\_\_\_\_

Child's Name	M/F	Grade	Birth Date	Baptized	Church of Baptism	Town/State of Baptism
				New students, 1 <sup>st</sup> Sacraments and Confirmation students only		

Marriage \_\_\_\_\_

Church

City & State

Parents are (circle):

Single      Married      Remarried      Separated      Widowed      Divorced

Who is responsible for full-time care (name please): \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Home/Cell \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Home/Cell \_\_\_\_\_ / \_\_\_\_\_

The child(ren) will be regularly dropped off by \_\_\_\_\_

The child(ren) will be picked up by \_\_\_\_\_

Please indicate any special learning needs or health needs (including food or drug allergies) of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be able to volunteer with special activities we hold throughout the year? \_\_\_\_\_