

STUDENT INFORMATION FORM (Religious Ed. Registration)

Today's Date _____

Name _____

Address _____

Telephone _____ Grade _____

School Attending _____
Name town

Date of Birth _____ Place _____

SACRAMENTS	MONTH/YR	CHURCH	TOWN/STATE
BAPTISM			
1ST PENANCE			
1ST EUCHARIST			
CONFIRMATION			

FAMILY INFORMATION

Father _____ Religion _____

Mother _____ Religion _____
(Maiden name)

Marriage _____
church town/state

Parents are (please check):
 Single married remarried separated widowed divorced

Who is responsible for full-time care (please write in name):

In case of emergency, please contact:

Name: _____ phone: _____

The child will regularly be dropped off by: _____

And picked up by: _____

OVER (CONTINUED ON BACK)

Are there any special learning needs of your child you wish to share with the classroom teacher? (hearing loss, reading level, etc.)

If so, please explain: _____

Is the child on any medication/ or are there any health needs that we should be aware of? (Allergies, etc.)

A SHARED RESPONSIBILITY.

Catholic parents are the most important models and educators of their children in the faith. At baptism, parents accepted the responsibility of leading their child to the Catholic faith. Our program is made possible by the commitment of parishioners who share their "time, talents and treasure". **More volunteer help is always needed.** If you can participate **in any way**, please check below and give your name and phone number.

TEACHER _____ GRADE(s) PREFERRED _____

TEACHER AIDE (HELPER) _____

SUBSTITUTE TEACHER _____

OFFICE HELP _____

SPECIAL PROJECTS _____

GRADE PARENT _____

RELIGIOUS EDUCATION PARENT BOARD _____

OTHER (please explain):

Name _____ phone _____