

Religious Education Registration Form

Parent(s)/Guardians

Father's First & Last Name _____ Fathers Religion _____

Mother's Maiden Name _____ Mothers Religion _____

Address _____ Email _____

City, State, Zip _____ Work Phone _____ (Mom/Dad)

Home Phone # _____ Cell Phone # _____ (Mom/Dad)

Registered in St. Augustine's Parish? Yes ___ No ___ If no, which Parish _____

Student Registering:

(As of this coming September)

School Rel. Ed Last Rel. Ed.

Last Name	First Name	DOB	School	Grade	Grade	Grade
_____	_____	____/____/____	_____	_____	_____	_____

Place of Birth: City, State _____

Sacrament Received: Baptism DATE of Baptism _____ Name, address of Church of Baptism _____
 _____/____/____

Sacrament Received: First Reconciliation
 NO YES Date: ____/____/____

Sacraments Received: First Holy Communion DATE of Communion _____ Name, address of Church _____
 _____/____/____

Emergency Contact Information

1. Name _____
 Phone # _____ Relationship _____

2. Name _____
 Phone# _____ Relationship _____

Child lives with: Both Parents Mother Father Grandparent Legal Guardian
 (Check One)

If child does not live with both parents, does non-custodial parent have permission to pick the child up? Yes No

Should the non-custodial parent be informed of all activities of the Religious Education Program?
 Yes No
 (if Yes, provide address)

Is this a mutual agreement or court ordered?
 Agreement Court ordered

Please detail any Educational needs, health issues, allergies regarding the student registering on the back of form. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc). This information will be kept strictly confidential; it is for Religious Education use only.

** If child is not baptized at this parish, please provide a copy of the Baptismal Certificate (if you have not already done so)*