

**CONFIDENTIAL**  
REGISTRATION FORM 2020 - 2021  
**Religious Education & Youth Ministry**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**GRADE ENTERING 2020/2021 SCHOOL YEAR:** \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

1st COMMUNION DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

RECONCILIATION DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

MASS ATTENDANCE:    WEEKLY    MONTHLY    HOLIDAYS ONLY    NEVER

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S FIRST NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

CHURCH OF MARRIAGE: \_\_\_\_\_

**IMPORTANT:** To best serve your child, please provide us with the following information. Please check if it applies to your child:

Learning Disability \_\_\_\_\_ Speech \_\_\_\_\_

Reading \_\_\_\_\_ Hearing Impaired \_\_\_\_\_

ADHD \_\_\_\_\_ Asthma \_\_\_\_\_

Allergies \_\_\_\_\_

Other: \_\_\_\_\_ Please list any comments you feel are necessary

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

**RIGHTS OF NON-CUSTODIAL PARENTS:** This parish catechetical program abides by the provisions of the Buckley Amendment with respect to the rights of non-custodial parents. In the absence of a court order to the contrary, we will provide the non-custodial parent with unofficial copies of records. If there is a court order specifying that there is to be no information given, it is the responsibility of the custodial parent to provide the catechetical leader with an official copy of the court order. **\*\*\*\*NOTE:** If there is a restraining order against your spouse, we will need a copy of that part only that shows the order.

Have you completed a Parish Registration Form? YES \_\_\_\_\_ ID# \_\_\_\_\_ NO \_\_\_\_\_

Do you Receive envelopes? YES \_\_\_\_\_ NO \_\_\_\_\_

Copy of Baptismal Certificate for 1<sup>st</sup> Grade and/or new enrollment - Received **YES** or **NO**

\$75 for one Child; \$110 for 2 Children; \$150 for 3 or more Children

**FOR OFFICE USE ONLY:**    FEE PAID: NO \_\_\_\_\_ YES \_\_\_\_\_ AMOUNT \_\_\_\_\_ CASH/CHECK \_\_\_\_\_