



**RELIGIOUS EDUCATION
REGISTRATION FORM**

HOLY NAME CATHOLIC CHURCH
9 S. Connor St. Sheridan, WY 82801
307-672-2848
www.holynamesheridan.org

CHILD'S INFORMATION

Child's Name: _____
Date of Birth: _____ Grade Entering: _____ Gender: Male Female
Sacraments Received: Baptism Reconciliation 1st Holy Communion
Date of Baptism: _____ Parish, City & State: _____
Allergies or Medical Conditions: _____

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PARENTS' INFORMATION

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Mailing Address: _____

City _____ State _____ ZIP _____ Phone No.: _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone No.: _____

HOW ARE YOU ABLE TO HELP THIS YEAR?

- Catechist Catechist Aide Substitute Catechist Volunteer Aide at Sacramental Retreats
 Provide Snacks Donate Supplies

Thank you for your help & support!

FOR OFFICE USE ONLY:

FEE \$20.00 EACH \$35.00 FAMILY

Cash CC Check # _____