

Holy Redeemer Parish

School of Religion 2018 - 2019 Registration Form

Please Print Clearly!

Family Name:	
Father's First & Last Name:	Religion:
Mother's First & Last Name:	Religion:
Street Address:	
City:	State: Zip Code:
Home Phone: () Father's Cell: ()Mother's Cell: ()
E-mail Address:	
Child(ren) live with (cir	rcle one or more below):
Both parents in the same house F	ather separately Mother separately
Person who can be reached in case of an eme	rgency when the parents cannot be reached:
·	Relationship:
	oner of Holy Redeemer Parish?: Yes No
Registered Parishioner SOR Fees:	Non-Parishioner SOR Fees:
One Child\$90.00 (\$110.00 after 8/26/18)	One Child\$130.00
, , , ,	Two Children\$150.00
Three or more children\$140.00 (\$160.00 after 8/26/	Three or more children\$180.00
CHILDREN WHO WILL BE ATTENDING	SCHOOL OF RELIGION (SOR) CLASSES:
CHILD #1	
NAME: AGE: SOR	GRADE: DATE OF BIRTH:
	TE FOR CHILD #1 (PLEASE CHECK):
BAPTISM: NAME OF CHURCH:	
RECONCILIATION: NAME OF CHURCH:	
EUCHARIST: NAME OF CHURCH:	
CONFIRMATION: NAME OF CHURCH:	
CHILD #2	
NAME: AGE: SOR	GRADE: DATE OF BIRTH:
SACRAMENTS RECEIVED TO DA	TE FOR CHILD #2 (PLEASE CHECK):
BAPTISM: NAME OF CHURCH:	
RECONCILIATION: NAME OF CHURCH:	
EUCHARIST: NAME OF CHURCH:	
CONFIRMATION: NAME OF CHURCH:	

CHILD #3	
NAME	ACE: SOR CRADE: DATE OF RIRTH:
SACRAME.	AGE: SOR GRADE: DATE OF BIRTH: NTS RECEIVED TO DATE FOR CHILD #3 (PLEASE CHECK): NAME OF CHURCH: NAME OF CHURCH:
BAPTISM: N	NAME OF CHURCH:
RECONCILIATION: N	NAME OF CHURCH:
EUCHARIST: N	NAME OF CHURCH:
	NAME OF CHURCH:
CHILD #4	
NIAME.	AGE: SOR GRADE: DATE OF BIRTH:
NAME:SACRAME	AGE: SOR GRADE: DATE OF BIRTH: NTS RECEIVED TO DATE FOR CHILD #4 (PLEASE CHECK):
	NAME OF CHURCH:
CHILD #5	
	AGE: SOR GRADE: DATE OF BIRTH:
SACRAME	NTS RECEIVED TO DATE FOR CHILD #5 (PLEASE CHECK):
BAPTISM: F	NAME OF CHURCH:
	NAME OF CHURCH: NAME OF CHURCH:
	NAME OF CHURCH:
PLEASE LIST ANY SPECIAL NEEDS YOUR CHILD(REN) MAY HAVE:	
PLEASE LIST ANY ALLERGIES (ES	SPECIALLY FOOD ALLERGIES) YOUR CHILD(REN) MAY HAVE:
LEMOL BIOT MAT MELLINGIES (ES	T LONIDDI I 000 MUDUKATUS) 100K ATHED (KEN) MIT TIKVE.
	FOR OFFICE USE ONLY
	DATE RECEIVED:
	BAPTISMAL CERTIFICATE RECEIVED (CHECK):
	CHILD #1 CHILD #2
	CHILD #3 CHILD #4
	CHILD #5
	SOR FEES PAID: CASH OR CHECK#
	BALANCE DUE: