

Please Print Clearly!

Family Name: _____

Holy Redeemer Parish
School of Religion
2020 - 2021 Registration Form



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 (circle one or more below):

Both parents in the same house

Father separately

Mother separately

Person who can be reached in case of an emergency when the parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Are you a registered & contributing parishioner of Holy Redeemer Parish?: Yes No

CHILDREN WHO WILL BE ATTENDING SCHOOL OF RELIGION (SOR) CLASSES:

CHILD #1

NAME: _____ AGE: _____ SOR GRADE: _____ DATE OF BIRTH: _____

SACRAMENTS RECEIVED TO DATE FOR CHILD #1 (PLEASE CHECK):

BAPTISM: _____ NAME OF CHURCH: _____

RECONCILIATION: _____ NAME OF CHURCH: _____

EUCCHARIST: _____ NAME OF CHURCH: _____

CONFIRMATION: _____ NAME OF CHURCH: _____

CHILD #2

NAME: _____ AGE: _____ SOR GRADE: _____ DATE OF BIRTH: _____

SACRAMENTS RECEIVED TO DATE FOR CHILD #2 (PLEASE CHECK):

BAPTISM: _____ NAME OF CHURCH: _____

RECONCILIATION: _____ NAME OF CHURCH: _____

EUCCHARIST: _____ NAME OF CHURCH: _____

CONFIRMATION: _____ NAME OF CHURCH: _____

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CHILD #3

NAME: _____ AGE: ____ SOR GRADE: ____ DATE OF BIRTH: _____
SACRAMENTS RECEIVED TO DATE FOR CHILD #3 (PLEASE CHECK):

BAPTISM: _____ NAME OF CHURCH: _____
RECONCILIATION: _____ NAME OF CHURCH: _____
EUCARIST: _____ NAME OF CHURCH: _____
CONFIRMATION: _____ NAME OF CHURCH: _____

CHILD #4

NAME: _____ AGE: ____ SOR GRADE: ____ DATE OF BIRTH: _____
SACRAMENTS RECEIVED TO DATE FOR CHILD #4 (PLEASE CHECK):

BAPTISM: _____ NAME OF CHURCH: _____
RECONCILIATION: _____ NAME OF CHURCH: _____
EUCARIST: _____ NAME OF CHURCH: _____
CONFIRMATION: _____ NAME OF CHURCH: _____

CHILD #5

NAME: _____ AGE: ____ SOR GRADE: ____ DATE OF BIRTH: _____
SACRAMENTS RECEIVED TO DATE FOR CHILD #5 (PLEASE CHECK):

BAPTISM: _____ NAME OF CHURCH: _____
RECONCILIATION: _____ NAME OF CHURCH: _____
EUCARIST: _____ NAME OF CHURCH: _____
CONFIRMATION: _____ NAME OF CHURCH: _____

PLEASE LIST ANY **SPECIAL NEEDS** YOUR CHILD(REN) MAY HAVE:

PLEASE LIST ANY **ALLERGIES** (ESPECIALLY FOOD ALLERGIES) YOUR CHILD(REN) MAY HAVE:

FOR OFFICE USE ONLY

DATE RECEIVED: _____

BAPTISMAL CERTIFICATE RECEIVED (CHECK):

CHILD #1 _____ CHILD #2 _____

CHILD #3 _____ CHILD #4 _____

CHILD #5 _____

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