2020 - 2021 HOLY ROSARY RELIGIOUS EDUCATION REGISTRATION FORM

Return to the Religious Education Office, 215 S. Washington Ave., P.O. Box 503, Medford, WI 54451

STUDENT INFORMATION:

1 st Child's Name:	Date of Birth:	Circle One:	School: MAES SES	Grade:
	_	Male or Female	MAMS MASH	Grade
<u>Circle</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical cor food allergies that we should be awa	_	Does your child special educati	have any onal needs?	
2 nd Child's Name:	Date of Birth:	Circle One:	School: MAES SES	
		Male or Female	MAMS MASH	Grade:
<u>Circle</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical cor food allergies that we should be awa		Does your child	have any onal needs?	
			onar needs:	
		·		
3 rd Child's Name:	Date of Birth:	<u>Circle One:</u>	School: MAES SES	Grade:
	-	Male or Female	MAMS MASH	
<u>Circle</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical cor food allergies that we should be awa	_	Does your child	have any onal needs?	•
			onar needs:	
4 th Child's Name:	Date of Birth:	Circle One:	School: MAES SES	
	_	Male or Female	MAMS MASH	Grade:
<u>Circle</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical cor	_	Does your child		
food allergies that we should be awa		special educati	onal needs?	
CONTACT INCORNATIONS	1 f		dentes and Ballistana E	d
CONTACT INFORMATION: please list your preferred conta		i you on a wednesday (during our Religious E	ducation class times,
, ,				
Parent/Guardian Name		Preterre	ed number to call	
Emergency Contact		Relationship	Phone	

PARENT AND/OR GUARDIAN OPPORTUNITIES:

We, your Religious Education Staff, realize you lead very busy lives. However, in order to run a more successful program, your help is truly needed. Throughout the year, we could use your help in the following areas: (1) Classroom Aide, (2) Table Leader, (3) Chaperones — Movie Night, Fun Night, Retreats, and Service Opportunities. As these needs arise, please sign up to help. Our programs need you to be truly successful. We're all busy; so let's pull together and offer one more opportunity to serve Him — let's become a Religious Education Volunteer!

Please provide us with an email address so that we may more effectively communicate with you regarding the Religious Education Program throughout the year.

FAMILY INFORMATION:

Is your family registered as a parish fa	amily? Yes No				
Mother's Name	Ema	il			
Daytime Phone	_ Evening Phone	Cell Phone			
Address					
Father's Name	Emai	l			
Daytime Phone	Evening Phone Cell Phone				
Address (if different from above)					
Signature	Date				
BAPTISMAL INFORMATION: Plea	ase fill out the following	g information.			
Child #1:					
Name of Parish you were baptized at					
	Parish Name	City	State		
Date of Baptism (month, day & year -	even if approximate)_				
Child #2:					
Name of Parish you were baptized at					
	Parish Name	City	State		
Date of Baptism (month, day & year -	even if approximate)_				
Child #3:					
Name of Parish you were baptized at					
,	Parish Name	City	State		
Date of Baptism (month, day & year -	even if approximate)_				
Child #4:					
Name of Parish you were baptized at					
	Parish Name	City	State		
Date of Baptism (month, day & year -	even if approximate)_				