

# 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 <sup>st</sup> Child's Name: _____	Date of Birth: _____	Circle One:  <b>Male</b> or <b>Female</b>	School: <b>MAES SES</b> <b>MAMS MASH</b>	Grade: _____
<b>Circle</b> all sacraments received:	Baptism	1 <sup>st</sup> Reconciliation	1 <sup>st</sup> Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

2 <sup>nd</sup> Child's Name: _____	Date of Birth: _____	Circle One:  <b>Male</b> or <b>Female</b>	School: <b>MAES SES</b> <b>MAMS MASH</b>	Grade: _____
<b>Circle</b> all sacraments received:	Baptism	1 <sup>st</sup> Reconciliation	1 <sup>st</sup> Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

3 <sup>rd</sup> Child's Name: _____	Date of Birth: _____	Circle One:  <b>Male</b> or <b>Female</b>	School: <b>MAES SES</b> <b>MAMS MASH</b>	Grade: _____
<b>Circle</b> all sacraments received:	Baptism	1 <sup>st</sup> Reconciliation	1 <sup>st</sup> Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

4 <sup>th</sup> Child's Name: _____	Date of Birth: _____	Circle One:  <b>Male</b> or <b>Female</b>	School: <b>MAES SES</b> <b>MAMS MASH</b>	Grade: _____
<b>Circle</b> all sacraments received:	Baptism	1 <sup>st</sup> Reconciliation	1 <sup>st</sup> Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

**CONTACT INFORMATION:** If we need to call you on a Wednesday during our Religious Education class times, please list your preferred contact info.

Parent/Guardian Name \_\_\_\_\_ Preferred number to call \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**- COMPLETE OTHER SIDE PLEASE -**

