

**HOLY REDEEMER OFFICE OF FAITH FORMATION**

311 LAWRENCE AVENUE, ELLWOOD CITY, PA 16117

724-752-1271

**NEW STUDENT REGISTRATION**

(Please Print)

Registration Date: \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Grade \_\_\_\_\_ Parish Program Grade \_\_\_\_\_

School Attending: \_\_\_\_\_ School District: \_\_\_\_\_

Parish of Previous Religious Education (if applicable): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Full Name (include Maiden) \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (home) \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Best Email Address for possible online faith formation: \_\_\_\_\_

Does family belong to Holy Redeemer Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, where is family registered? \_\_\_\_\_  
(Name / City)

**SACRAMENT INFORMATION**

**BAPTISM**

Date: \_\_\_\_\_ Church \_\_\_\_\_ Rite \_\_\_\_\_  
(Name / City / State) (i.e. Catholic/Lutheran/Orthodox/etc.)

**COMMUNION**

Date: \_\_\_\_\_ Church \_\_\_\_\_ Rite \_\_\_\_\_  
(Name / City / State) (i.e. Catholic/Lutheran/Orthodox/etc.)

**CONFIRMATION**

Date: \_\_\_\_\_ Church \_\_\_\_\_ Rite \_\_\_\_\_  
(Name / City / State) (i.e. Catholic/Lutheran/Orthodox/etc.)

**PLEASE NOTE: A copy of the child's baptismal certificate is necessary upon initial enrollment.**

(over)

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**SPECIAL NEEDS SECTION**

Our Parish is committed to providing religious education for all children. Since we rely on volunteers from the parish who may not have special training, we ask that you provide us with information regarding your child's special needs so that we can better understand what will work best as we journey in faith with your child. The information you offer will help us to serve your child better.

**PLEASE NOTE:** *the information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and, if necessary, the child's catechist with your permission*

Particular Needs:  ADD  ADHD  Autism Spectrum  OCD  Cerebral Palsy

Cognitive/Intellectual  Deafness/Hearing Loss  Epilepsy

Learning Disability  Spina Bifida  Vision Loss/Blindness

(Please share any information that may help us accommodate your child and their success in Faith Formation) \_\_\_\_\_  
\_\_\_\_\_

Is your child ambulatory?  Yes  No: If "NO," what kind of assistance does he/she need?

Wheelchair  Helper  Other \_\_\_\_\_

Is your child verbal?  Yes  No: If "NO," how does he/she communicate? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Does he/she carry an epipen? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Health Challenges (Please explain) \_\_\_\_\_  
\_\_\_\_\_

Other information you wish to share \_\_\_\_\_  
\_\_\_\_\_

**\*\*Authorization to Release Information:**

This information may be shared with catechetical staff on a need to know basis.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_