

2020-2021 RELIGIOUS EDUCATION REGISTRATION FORM

Family/Guardian Last Name: _____

Home Phone: _____ Primary E-Mail address: _____

Home Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Religion: _____ Cell Phone: _____

Mother's Name (including Maiden): _____ Religion: _____ Cell Phone: _____

Name of Home Parish: _____

Emergency Contact Name/Relationship: _____ Phone: _____

Materials Fee: **\$25.00 for one child, \$35.00 for two children, \$40.00 for three or more children.** Amount enclosed with registration: \$ _____

Please send a check made payable to *Most Holy Name of Jesus Parish* and return this form to:
 Religious Education Office Most Holy Name of Jesus Parish 1700 Harpster Street Pittsburgh, PA 15212

Child's Name	Birthdate	Male/ Female	Grade in Sept. '20	School Attending	Date & location of Baptism*	Date and location of First Communion	Date and location of Confirmation	Medical Concerns or Allergies	Educational Concerns or Needs

Please list the names(s) of children attending RE class (oldest to youngest):
 Please attach a copy of the child or children's birth certificate