

American Martyrs Church Religious Education

REGISTRATION FORM

CHILD'S NAME: _____
LAST FIRST

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE#: _____ CELL#: _____

PLEASE CHECK OFF THE BOX IF ANY INFORMATION HAS CHANGED

DATE OF BIRTH (MM/DD/YYYY): _____ SEX: _____

MOTHER'S "MAIDEN" NAME: _____

FATHER'S NAME: _____

GUARDIAN (IF APPLICABLE): _____

E-MAIL: _____

EMERGENCY CONTACT: _____

GRADE IN SEPTEMBER: _____ SCHOOL ATTENDING: _____

SACRAMENT INFORMATION:

BAPTISM DATE (MM/DD/YYYY): _____ PARISH: _____

HAS YOUR CHILD RECEIVED FIRST COMMUNION YES NO

DATE (MM/DD/YYYY): _____ PARISH: _____

HAS YOUR CHILD RECEIVED FIRST PENANCE: YES NO

DATE (MM/DD/YYYY): _____ PARISH: _____

SPECIAL NEEDS (LEARNING DISABILITIES): _____

SPECIAL MEDICAL NEEDS: _____

**PLEASE PROVIDE A SEPARATE FORM FOR EACH CHILD
ATTENDING RELIGIOUS EDUCATION**