

# St. Brendan Church

## Religious Education

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Payment Information</b>    |                                      |
| Registration Fee:             | _____                                |
| <b>Paid by</b>                |                                      |
| Check #:                      | _____                                |
| Cash <input type="checkbox"/> | CC / Online <input type="checkbox"/> |

### GENERAL REGISTRATION INFORMATION INFORMATION FOR CHILD OR YOUTH

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|             |                |           |                                 |
|-------------|----------------|-----------|---------------------------------|
| First Name  | Middle Initial | Last Name | Male <input type="checkbox"/>   |
|             |                |           | Female <input type="checkbox"/> |
| Cellphone # | Date of Birth  | Age       | Sex                             |

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|                |      |       |
|----------------|------|-------|
| Name of School | City | Grade |
|----------------|------|-------|

**Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form. /**

|                     |                                   |                         |                                   |                                     |                                   |
|---------------------|-----------------------------------|-------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| Birth Certificate / | Yes / Sí <input type="checkbox"/> | Baptismal Certificate / | Yes / Sí <input type="checkbox"/> | 1 <sup>st</sup> Comm. Certificate / | Yes / Sí <input type="checkbox"/> |
|                     | No <input type="checkbox"/>       |                         | No <input type="checkbox"/>       |                                     | No <input type="checkbox"/>       |

**What is the last year of Religious Education your child has attended?** \_\_\_\_\_

**Living Arrangements /**      With both Parents /     With Father /     With Mother /     With Guardian /

**Are there any custody issues or a restraining order in place?**      Yes / Sí       No

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate?    Yes / Sí       No

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?

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**PARENT OR GUARDIAN INFORMATION**

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Father or Guardian First and Last Name Email

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Address City Zip Code

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Home Phone # Work Phone # Cellphone #

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Mother or Guardian First and Last Name Email

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Address (if different) City Zip Code

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Home Phone # Work Phone # Cellphone #

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Emergency Contact Email

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Home Phone # Work Phone # Cellphone #

**PARENT OR GUARDIAN SIGNATURE**

By signing this document, I give permission for my child/children/youth to participate in this faith formation program, whether conducted onsite or online.

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Signature Date