

**REGINA CAELI PARISH - RELIGIOUS EDUCATION  
FAMILY REGISTRATION  
2020 - 2021**

*After completing the form, print the form to a PDF ("SAVE TO PDF"). Email this saved PDF or deliver a hard copy to the office. Thank you!*

*Parish office must have a hard copy of completed form for each child.*

**STUDENT INFORMATION**

LAST NAME _____	FIRST NAME _____
NICKNAME _____	
GENDER        Male                Female	BIRTHDATE _____                      AGE _____

**SACRAMENT INFORMATION**

**Baptismal Certificate REQUIRED for 1<sup>st</sup> Communion / Confirmation**

**For New Students:**

CHURCH OF BAPTISM	ROMAN CATHOLIC	NO	YES	_____
				CHURCH NAME
PLACE OF BIRTH	CITY	_____	STATE	_____
DATE OF BAPTISM	CITY	_____	STATE	_____
			COUNTRY	_____
BAPTISM CERTIFICATE ATTACHED?	NO	YES		
RECEIVED FIRST COMMUNION?	NO	YES		
RECEIVED CONFIRMATION?	NO	YES		

**FAMILY INFORMATION**

FATHER	MOTHER
LAST NAME _____	LAST NAME _____
FIRST NAME _____	FIRST NAME _____
	MAIDEN NAME _____
RELIGION _____	RELIGION _____
<u>FATHER'S PHONE NUMBERS</u>	<u>MOTHER'S PHONE NUMBERS</u>
_____ HOME	_____ HOME
_____ CELL	_____ CELL
MAILING ADDRESS _____	
CITY _____	ZIP _____ PARENT E-MAIL _____

**EMERGENCY INFORMATION**

NAME _____	RELATIONSHIP TO CHILD(REN) _____
PHONE _____	

Please fill out one form per student registering for CCD classes and return forms to parish, or email to Cheryl Hand at [ccd@reginacaeliparish.org](mailto:ccd@reginacaeliparish.org) or the parish office at [office@reginacaeliparish.org](mailto:office@reginacaeliparish.org).

\*\*\*\* If filling out the form online, please read the online instructions first. \*\*\*\*