

RELIGIOUS EDUCATION NEW STUDENT REGISTRATION FORM

STUDENT INFORMATION

Name:		
Current Address:		
City:	State:	Zip Code:
Date of Birth:	Primary Phone #:	Secondary Phone #:
Place of Birth (City / State) :		
Parish attended last year for Religious Education (if transfer student):		
City:	State:	Zip Code:

SACRAMENTAL INFORMATION

Sacrament	Date	Church	City/State
Baptism*:			
First Reconciliation:			
Confirmation:			

* Baptism (If your child was baptized in other than a Catholic Church)

Baptized in another denomination:	Profession of Faith:	Full Initiation (Baptized after age 7):
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Parish:		
Parish Address:		
City:	State:	Zip Code:

HOME PARISH OF REGISTRATION

Parish Name:		
Parish Address:		
City:	State:	Zip Code:

FAMILY INFORMATION

Mother's Name:		
Maiden Name:		
Current Address:		E-Mail:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Religion:		
Father's Name:		
Current Address:		E-Mail:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Religion:		
Legal Guardian Name (If different from above) :		
Current Address:		E-Mail:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

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EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child: _____

HEALTH INFORMATION

Does your child have any learning needs: Yes No

Learning Disability – Classification: _____

Other – Please explain: _____

If your child has any medical conditions please explain (i.e. eyesight/hearing/allergies/asthma/diabetes):

Are there any special instructions or circumstances we should know (i.e. transportation, dismissal restrictions, etc.):

Are there any custodial issues? Yes No

If Yes - please explain:

IS THERE ANYTHING YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD?

SIGNATURES

I have read or been instructed on the tuition policy of the Religious Education Dept. Yes No

Parent / Guardian Signature: _____ Date: _____

On rare occasions, photos may be taken at a program event which may be used in our newsletter, diocesan newspaper, or the St. Pius X parish website. Under no circumstances are any children identified by name in any photo. By signing below you acknowledge the possibility that your child's image may be captured in a photo to be used only for the aforementioned purposes.

Parent / Guardian Signature: _____