

RELIGIOUS EDUCATION STUDENT REGISTRATION

ST. MARY CATHOLIC CHURCH

List all students being registered for Religious Education:

Name of Student (First and Last Name)	Grade Entering	Date of Birth	Age

Family Information

Father's name _____ Home Phone # _____

Email Address _____ Cell Phone # _____

Address _____
(Street) (City) (State) (Zip)

Mother's name _____ Home Phone # _____

Email Address _____ Cell Phone # _____

Address _____
(Street) (City) (State) (Zip)

With whom does the student live? ___ Parents ___ Other: _____
(Name & Relationship to student)

Address: _____
(Street) (City) (State) (Zip)

If parents are separated, who has custody: _____

Who has permission to pick up the child/ren: _____

Name of anyone restrained from picking up the child/ren? _____

Emergency Information

If parent/guardian cannot be reached, call:

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Family Physician _____ Phone: _____

Hospital Preference _____

Medical Concerns:

Child	Concerns/Medications

___ Yes, I worship at weekly Sunday Eucharist and share my time, talent and treasure as stewardship to this parish.

___ Yes, I would like to help in the Religious Education Program. Please contact me at phone # _____

Parent/Guardian Signature X _____ Date: _____