| Religious Education Registration | | | | | |
| --- | --- | --- | --- | --- | --- |
| Parent Information | | | | | |
| Family Name: | | | | | |
| Mother: | Father: | | | Email: | |
| Current address: | | | | | |
| City: | | State: | | | Zip Code: |
| Home Phone: | | Cell Phone: | | | Alt. Cell: |
| Preferred Method of Contact: | | | | | |
| Student Information | | | | | |
| Name of Student | | | | | |
| Grade in 2020-2021: | | | | | Date of Birth: |
| Name of Student | | | | | |
| Grade in 2020-2021: | | | | | Date of Birth: |
| Name of Student | | | | | |
| Grade in 2020-2021: | | | | | Date of Birth: |
| Name of Student | | | | | |
| Grade in 2020-2021: | | | | | Date of Birth: |
| Emergency Contact | | | | | |
| Name of Contact: | | | | | |
| Address: | | | | | Phone: |
| City: | | | State: | | Zip Code: |
| Relationship: | | | | | |
| Medical Concerns/ ALLergies: | | | | | |
| Allergies: | | | | | |
| Medical Issues/Medications: | | | | | |