| Religious Education Registration |
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| 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: |