

**RELIGIOUS EDUCATION REGISTRATION FORM: 2018-2019**

**Grades 1-8**

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please list any additional emails for communication: \_\_\_\_\_

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**Child One:** \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Sacraments Received: Baptism    Reconciliation    Eucharist

(Circle all that apply.)

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**Child Two:** \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Sacraments Received: Baptism    Reconciliation    Eucharist

(Circle all that apply.)

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**Child Three:** \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Sacraments Received: Baptism    Reconciliation    Eucharist

(Circle all that apply.)

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