

**RELIGIOUS EDUCATION  
REGISTRATION FORM- NEW STUDENTS ONLY  
Pre-K through Grade 8  
This form may be duplicated. One form for each child.**

SESSION PREFERENCE    (Pre-K through 1st grades only) - SUNDAY \_\_\_\_\_ (9:30-10:30am)  
(2nd grade through 8th grade) - MONDAY \_\_\_\_\_ (6:45-8:00pm)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in Religious Ed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number home# \_\_\_\_\_ wk# \_\_\_\_\_ cell# \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Number of years in Religious Education \_\_\_\_\_ Any Medications? \_\_\_\_\_

Does this child have any learning disabilities, or is he/she enrolled in any special class of which we should be aware? YES NO Please specify \_\_\_\_\_

Sacraments received: \_\_\_\_\_ Baptism \_\_\_\_\_ Penance \_\_\_\_\_ Eucharist \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Name of person(s) with whom student currently resides.  
(If last name different from that of child, please include)

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Present status of family: \_\_\_\_\_ Both Parents  
\_\_\_\_\_ Parent/Step-parent  
\_\_\_\_\_ Single Parent

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**FOR OFFICE USE ONLY:**

Fees Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment Date: \_\_\_\_\_