



School Year _____

RELIGIOUS EDUCATION REGISTRATION

Parent(s)/Guardian: _____

Mailing Address: _____ City/Zip _____

Phone: Cell _____ Home: _____ Work: _____

Email: _____ (We will email RE news and updates!)

If necessary, English-speaking contact: _____ Phone: _____

Emergency Contact: Authorized for medical emergency and/or transportation during or after RE.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Student Information: Please Complete All Sections!

Name: _____

Grade _____

DOB: _____

Baptized Yes / No

Received First Communion: Yes / No

Allergies/Medical: _____

Name: _____

Grade: _____

DOB: _____

Baptized Yes / No

Received First Communion: Yes / No

Allergies/Medical: _____

Name: _____

Grade _____

DOB: _____

Baptized Yes / No

Received First Communion: Yes / No

Allergies/Medical: _____

Name: _____

Grade: _____

DOB: _____

Baptized Yes / No

Received First Communion: Yes / No

Allergies/Medical: _____

For Office Use Only:

Date:		Paid:	\$	Check #		Cash		Teacher	
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Please call the Parish Office 928-367-2080 with any questions or concerns!