

# St. Mary of the Angels

## Religious Education Registration 2025-2026

Parent(s)/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ (We will email RE news & updates!)

If necessary, English-speaking contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contacts: Authorized for medical emergency and/or transportation during or after RE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Student Information: Please Complete all sections!

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Baptized: Yes/No

Baptized: Yes/No

Received First Communion: Yes/No

Received First Communion: Yes/No

Allergies/Medical: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Baptized: Yes/No

Baptized: Yes/No

Received First Communion: Yes/No

Received First Communion: Yes/No

Allergies/Medical: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**\$15.00** Registration Fee per Student / **\$30.00** First Communion Students

Date: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Please call the office (928) 367-2080 with any questions or concerns!**

RE Registration