

St. Christopher's Church Religious Education Registration

CURRENT Rel Ed Grade: _____ NEW Rel Ed Grade: _____
 Session Time (please circle): 8:00 AM 10:00 AM 12:00 PM
 Gender (please circle): Female Male

STUDENT INFORMATION:

Name: _____ **Date of Birth:** _____
 Last Suffix First MI

Address: _____
 Street or P.O. Box

Academic School Name

City State Zip Code

Medical and/or
Developmental
Information

PARENT INFORMATION: Student Resides With: _____

<p>Father's Information: _____ Last First MI</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Father's E-Mail: _____</p> <p>Father's Religion: _____</p> <p>Step-Parent Information— If Applicable Last First MI</p>	<p>Mother's Information: _____ Last First MI Maiden</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Mother's E-Mail: _____</p> <p>Mother's Religion: _____</p> <p>Step-Parent Information— If Applicable Last First MI</p>
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SACRAMENTS CELEBRATED:

Sacrament	Date	Church	City	State
Baptism				
Reconciliation				
First Eucharist				
Confirmation				

Persons Authorized To Pick-Up Your Child
OTHER THAN PARENTS

Last Name	First Name	Phone #
_____	_____	_____
Last Name	First Name	Phone #
_____	_____	_____

We expect that your child will attend classes on a regular basis and that they come to class with an open mind and heart, ready to participate fully with their class/small group. We expect that their behavior will be respectful and that they will be supportive of their teachers and other students in the program.

Would you like information mailed to another address?

Last Name First Name

Street/P.O. Box

City State ZIP Code

Relationship to Child: _____

Parent Signature: _____ **Date:** _____