

RELIGIOUS EDUCATION PROGRAM

REGISTRATION FORM FOR 2009-2010

Please fill out one form per student.

Please circle Session: Tuesday Afternoon Sunday Morning **Please circle Grade:** 1 2 3 4 5 6

Student's Last Name

Student's First Name

Phone Number

Home Address

City

Zip Code

Date of Birth

City

State

Special Needs or Allergies

FATHER

MOTHER

Name _____

Home Phone _____

Work or Cell Phone _____

Religion _____

Email _____

Address (if different
From student's) _____

Stepparent Information _____

Mother's Maiden Name _____

Parish Envelope Number _____

Is the student you are enrolling baptized in the Catholic Faith? _____ Yes _____ No

Parish of Baptism: _____ Date of Baptism: _____

(Please attach a COPY of the Baptismal Certificate, unless Baptized at St. Christopher's)

Has your student received First Eucharist? _____ Yes _____ No Parish: _____ Year: _____

Has your student received First Reconciliation? _____ Yes _____ No Parish: _____ Year: _____

Is there a sibling enrolled in either ECE or CCD? _____ Yes _____ No If yes, Name _____ Age _____

If you would like your child in class with another child, please list that child's first & last name _____