

## Religious Education Registration

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parish Member of: \_\_\_\_\_ Both Parents Catholic? **Y** \_\_\_\_\_ **N** \_\_\_\_\_

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Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Program Attending: St. Elizabeth Pk-6<sup>th</sup> Mount Carmel K-6<sup>th</sup> St. Therese K-6<sup>th</sup>  
Sun. 11:15-12:30 Sun. 8:50-9:50 Sun. 9:25-10:25

St. Elizabeth 7<sup>th</sup>-11<sup>th</sup> Mount Carmel 7<sup>th</sup>-11<sup>th</sup>  
Sun. 11:15-12:30 Sun. 6:30-8:00

Sacrament and Date: Baptism Catholic Y/N Eucharist Penance Confirmation  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Special Needs, learning disabilities, physical disabilities: \_\_\_\_\_

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Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

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Place of Baptism \_\_\_\_\_

Special Needs, learning disabilities, physical disabilities: \_\_\_\_\_

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NOTE: If any of your children were baptized outside of your parish you are a member of, and you have not supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files. Checks are made out to site that the child is attending.

Tuition Due: \$ \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Signature: \_\_\_\_\_