

# Religious Education Registration

St. Anne

St. Joseph

St. Joachim

List ALL Children you are enrolling in Religious Education Program

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ Grade \_\_\_\_\_

Child's Sacraments Received: Baptism yes \_\_\_ no \_\_\_ If yes: Church \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church Address \_\_\_\_\_

Reconciliation (Confession) \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_ Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ Grade \_\_\_\_\_

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Special needs \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Both Parents Catholic? Y/N Emergency Contact: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Please fill out the following information if your child is preparing for First Communion

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthplace City \_\_\_\_\_ State \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name (include MAIDEN) \_\_\_\_\_

Religious Education Release: Please be assured the well being of those who participate in our programs is our highest priority. We give careful thought to and implement basic rules of safety and conduct, and provide supervision and instruction needed to safely participate in our program. It is impossible for us to eliminate all risks and unforeseen hazards, but reasonable precautions will be taken to protect all participants. I/We herby give permission for student, previously named, to participate in all religious education activities. I/We also consent to the use of any photographs of my child or family for use by the church only for display in the church hall bulletin boards and or the church web page. I understand that every effort will be made to contact me and/or my emergency contact but if my child needs emergency medical treatment. AI hereby give my permission to do so. I hereby give my permission to the physician selected by the staff to secure proper treatment.

Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

I/We do not give permission for student, previously named, photographs to be used on the church web page.

# Religious Education Registration

## Additional Registration

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Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ Grade \_\_\_\_\_

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Date of Baptism \_\_\_\_\_ Church Address \_\_\_\_\_

Reconciliation (Confession) \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_ Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

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Date of Baptism \_\_\_\_\_ Church Address \_\_\_\_\_

Reconciliation (Confession) \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_ Allergies \_\_\_\_\_

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Date of Baptism \_\_\_\_\_ Church Address \_\_\_\_\_

Reconciliation (Confession) \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_ Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

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