

Holy Mother & Child Parish
Religious Education Registration Form

Candidate's Information:

Candidate's Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip Code)

Date of Birth: _____ Grade Enrolled _____ Male/Female _____

Name of School: _____ Parish: _____

Parent/Guardian Information:

Father _____
(First) (Middle) (Last)

Address: _____
(if different than listed above) (City) (Zip Code)

Phone No. _____
(Home) (Work) (Cell)

Mother _____
(First) (Middle) (Maiden) (Last)

Address: _____
(if different than listed above) (City) (Zip Code)

Phone No. _____
(Home) (Work) (Cell)

Emergency Contact Person: _____ Phone No. _____

Emergency Contact Person: _____ Phone No. _____

email address: _____
(all updates and reminders will be sent to this address).

Sacramental Information: **This page must be filled out completely**

Baptism: Date Celebrated: _____ Parish: _____

First Eucharist: Date Received: _____ Parish: _____

Special Needs:

Please list any special needs (medical or academic) the candidate would require in participating in the Program.
