

Resurrection Roman Catholic Parish
Religious Education Registration Form

Student's Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date and Place of Birth: _____

School: _____ Grade: _____

*Date and Place of Baptism: _____

Please attach a copy of your child's baptismal certificate (2nd grade students)

Father's Name : _____

Father's Address: _____

Father's Phone: _____ Cell Phone: _____

Father's Religion: _____

Mother's Name: _____ Maiden Name: _____

Mother's Address: _____

Mother's Phone: _____ Cell Phone: _____

Mother's Religion: _____

Stepparent or Guardian: _____

Emergency Contact(other than parents): _____ Phone: _____

Are you registered members of the Parish? _____

Any allergies or learning concerns: _____

May we display a photo of your student at the church, website or newsprint? _____

Parent's Signature: _____ Date: _____