

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 (2<sup>nd</sup> 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: \_\_\_\_\_