

RELIGIOUS EDUCATION REGISTRATION  
RESURRECTION, ST. JOHN GUALBERT AND ST. PATRICK

Please complete ENTIRE form. Every student needs to have a SEPARATE form filled out.

Student's Full Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Contact Information:

Parent(s) Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Student Cell Phone(optional) \_\_\_\_\_

Student Email (optional) \_\_\_\_\_

Any Medical Conditions/Medications \_\_\_\_\_

Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Program Attended last Year \_\_\_\_\_

Parish: (Please Circle) St. John Gualbert    St. Patrick    Resurrection

**RELIGIOUS EDUCATION FEES: \$20.00 per student**

**Please make checks payable to Resurrection Catholic Church**

**FOR OFFICE USE ONLY:**

Grade \_\_\_\_ Religious Ed Fee \_\_\_\_\_ Check# \_\_\_\_\_ Date received \_\_\_\_\_