

**INTERPARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM 2011-2012**

PLEASE PRINT CLEARLY

Today's Date: _____

Student Last Name: _____

First Name: _____

Date of Birth: _____
yr-mt-day

Sex (M/F): _____

Home Parish: _____

School: _____

Parish Location: _____ School Grade*: _____ Religion Grade*: _____
City/State ***completed as of June 2011**

Religious Education Program

Previously attended (Name/Place): _____

Write "None" if no previous Program

Child's Sacramental Background

Baptism

First Communion

Church: _____

Church: _____

Location: _____

Location: _____

Date: _____
City/State
yr-mt-day

Date: _____
City/State
yr-mt-day

Person(s) with whom child lives

Last Name: _____

First Name: _____

Street: _____ Apt # _____

City/State/Zip: _____

Tel Home: _____

Email: _____

Person to be called in an emergency: _____

Relationship to child: _____ Emergency Tel.No. _____

Mother

Father

Maiden Name: _____

Last Name: _____

First Name: _____

First Name: _____

Religion: _____

Religion: _____

Marital Status of Parents: _____
Married/Divorced/Single?

(See Reverse Side)