

**ST. AGNES & IMMACULATE CONCEPTION**  
**Religious Education Registration Form**

Child's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street & Number or PO Box City Zip*

Child's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
*Last First Religion of Father*

Mother's Name: \_\_\_\_\_  
*Last First Religion of Mother*

Mother's Maiden Name: \_\_\_\_\_

Email address: \_\_\_\_\_

School presently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Present Parish: \_\_\_\_\_ Family is registered: \_\_\_\_ Not Registered: \_\_\_\_

Child lives with:  
Both parents \_\_\_\_ Mother only: \_\_\_\_ Father Only: \_\_\_\_ Other: \_\_\_\_\_

**Sacraments received**

<i>Sacrament</i>	<i>Date</i>	<i>Church</i>	<i>City and State</i>
<b>Baptism</b>	_____	_____	_____
<b>Eucharist</b>	_____	_____	_____
<b>Confirmation</b>	_____	_____	_____

**Health:**

1. Does your child have any health problems that we should be aware of in order to assist him or her in an emergency? \_\_\_\_ If Yes, please describe \_\_\_\_\_

2. Please provide the name and phone number of a person who should be contacted in case of an **emergency** while your child is participating in a Religious Education session,.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_