

Religious Education Registration Form, K-12

Family Information

Family name: _____ Email: _____

Father's name: _____ Mother's name: _____

Mailing address: _____

Home phone: _____ Work/Cell phone: _____

e-mail address: _____

Are parents registered members of Holy Rosary Parish? yes no

Emergency Contact: *(please provide the name and phone number of someone not living with you)*

Name: _____ Phone: _____

Children Enrolling, K-12

Baptismal Certificates are required for students preparing for First Holy Communion or Confirmation.

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

Sacraments Received:

| | | | | | | | | |
|---------|-----|----|----------------|-----|---------------------------|-----|--------------|-----|
| Baptism | yes | no | Reconciliation | yes | 1 st Communion | yes | Confirmation | yes |
| | | | no | | no | | no | |

Note any allergies, physical restrictions, or other special needs: _____

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

Sacraments Received:

| | | | | | | | | |
|---------|-----|----|----------------|-----|---------------------------|-----|--------------|-----|
| Baptism | yes | no | Reconciliation | yes | 1 st Communion | yes | Confirmation | yes |
| | | | no | | no | | no | |

Note any allergies, physical restrictions, or other special needs: _____

† PLEASE LIST ADDITIONAL STUDENTS ON PAGE TWO †

Parent or Guardian Signature

Signature _____ Date _____

If other than parent or legal guardian, please indicate relationship to student: _____

For Office Use only: Received by- _____ - _____ Date _____

Entered _____

Religious Education Registration Form, page 2

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

Sacraments Received:

| | | | | | | | | |
|---------|-----|----|----------------|-----|---------------------------|-----|--------------|-----|
| Baptism | yes | no | Reconciliation | yes | 1 st Communion | yes | Confirmation | yes |
| | | | no | | no | | no | |

Note allergies, physical restrictions, or special needs: _____

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

Sacraments Received:

| | | | | | | | | |
|---------|-----|----|----------------|-----|---------------------------|-----|--------------|-----|
| Baptism | yes | no | Reconciliation | yes | 1 st Communion | yes | Confirmation | yes |
| | | | no | | no | | no | |

Note allergies, physical restrictions, or special needs: _____

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

Sacraments Received:

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Note allergies, physical restrictions, or special needs: _____

Student Name: _____ **Age:** _____ **Birth date:** _____

Grade: _____ **School Attending:** _____

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Note allergies, physical restrictions, or special needs: _____

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| Baptism | yes | no | Reconciliation | yes | 1 st Communion | yes | Confirmation | yes |
| | | | no | | no | | no | |

Note allergies, physical restrictions, or special needs: _____

Return Completed Registration Form and Book Order/Fee Form to parish office.