# - Religious Education Registration

# 2021 W Pikes Peak Ave , Colorado Springs, CO 80904

Term:	2025-2026
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FAMILY	INFORM	IATION

Family Last Name:	Date:
Father:	Father's Email:
Mother:	Mother's Email:
Mother's Maiden:	
Home Phone:	
Home Address:	
City, St, Postal:	
Father's Cell / Work:	
Mother's Cell / Work:	
STUDENT INFORMATION	
Student Name:	<b>Catholic?</b> Yes / No
Gender: Male Female	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	
Session:	
Class:	Confirmation:
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**Special Needs** (Medical, Learning Disabilities, Physical Disabilities etc):

#### STUDENT INFORMATION Student Name: Catholic? Yes / No Gender: Male Female **Sacrament Details** Check & Date All Below Birth Date: \_\_\_\_\_ Baptism: Eucharist:\_\_\_\_\_ Grade:\_\_\_\_\_ Reconciliation: Session: Confirmation: Class: Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

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STUDENT INFORMATION	
Student Name:	Catholic? Yes / No
Gender: Male Female	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
<b>Special Needs</b> (Medical, Learning Disablilities, Physical Dis	sabilities etc):

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Class:	Confirmation:

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

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**Tuition DUE: \$**