ST. RAPHAEL CHURCH
RELIGIOUS EDUCATION REGISTRATION

STUDENT'S NAME_____
(LAST) (FIRST) (MIDDLE INITIAL)

MAILING ADDRESS _____

DATE OF BIRTH _____ **RELIGIOUS EDUCATION GRADE LEVEL** _____

STUDENT'S FATHER _____

STUDENT'S MOTHER _____

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

ALTERNATE CONTACT _____

RELATIONSHIP _____ **PHONE** _____

PLEASE STATE ANY EXTREME HEALTH PROBLEMS (ALLERGIES, ETC.) AND/OR LEARNING DISABILITIES THAT YOUR CHILD MAY HAVE:

PLEASE CIRCLE SACRAMENTS <u>ALREADY</u> RECEIVED:

BAPTISM **1ST COMMUNION** **RECONCILIATION (CONFESSION)** **CONFIRMATION**

NAME OF CHURCH WHERE BAPTIZED _____ **YEAR BAPTIZED** _____

CITY, STATE _____

_____ _____
PARENT'S/GUARDIAN'S SIGNATURE **DATE**

BOOK DONATION FEE:
$15 – ONE CHILD
$25 – FAMILY

Office Use Only

Paid _____

Check _____ **Cash** _____

Date _____

Signed for S. E.

_____ **Yes** _____ **No** _____ **Class**