

2024/2025 Religious Education Registration Form

ADDITIONAL YOUTH 2024/2025

Family Name: _____

Child 3: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age ____ Grade ____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Child 4: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age ____ Grade ____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Child 5: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age ____ Grade ____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Child 6: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age ____ Grade ____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Child 7: First Name: _____ Middle Name: _____ Gender: F M

Last Name (if different from Family Name above): _____ Age ____ Grade ____

Birth Date (mm/dd/yyyy): _____ Baptized: Yes No 1st Communion: Yes No

ADDITIONAL INFORMATION: Please list any allergies, medical conditions, or learning/behavior issues we may need to know. _____

Return to: Religious Education, Immaculate Conception Church, 555 8th Street SW, Pine City, MN 55063