

**Grade:**

(Must be 4 by 8/30 for Pre-K )

**Office Use Only**  
**Fees Paid:** Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Baptismal Certificate: Y N Registered: Y N  
Photo release: Y N Emergency Med: Y N  
Special medical concerns: \_\_\_\_\_

**Return by September 1st**

First & Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone (can always reach someone) \_\_\_\_\_

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

Parents: \_\_\_\_\_  
Mother Religion

Mother's Cell: \_\_\_\_\_

\_\_\_\_\_ Father Religion

Father's Cell: \_\_\_\_\_

If applicable, is the non-Catholic parent interested in learning more about the Catholic Church?  
\_\_\_\_ Yes \_\_\_\_ No

Child lives with: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other

If other, please explain \_\_\_\_\_

Emergency contact \_\_\_\_\_  
(someone other than a parent) Name Phone

**Allow pictures of my child to be taken: Yes No**

**Parent signature** \_\_\_\_\_

**Sacramental Information:** All children must have their Baptismal Certificate on file in the Religious Education office. Certificates are on file for all children baptized at St. Agnes.

Sacrament	Date	Church	City & State
Baptism			
First Reconciliation			
First Communion			
Confirmation			