

Name _____ Age ____ Name _____ Age ____

Child has received Sacraments of:

Baptism-----Yes ____ No ____ Year ____ Church _____ City _____

Eucharist--- Yes ____ No ____ Year ____ Church _____ City _____

Reconciliation Yes ____ No ____ Year ____ Church _____ City _____

Previous Religious Education: **Grades**

Parish/School

With your child's best interest in mind:

1. Please list any special learning factors: (allergies, special ed, gifted and talented, hyperactive, etc.)

2. Is your child taking any medication? _____

3. My child is best at _____

4. Needs more help with _____

5. Any special concerns you have about your child? _____

Any other comments or remarks? _____

*** **DAY TIME CELL PHONE NUMBER**---- _____

*** **E-MAIL ADDRESS** _____

Parent/Guardian Signature _____

NEW REGISTRATIONS MUST INCLUDE BAPTISMAL CERTIFICATE

COST: One child-----\$25.00

Two children----\$40.00

Three or more---\$50.00