

NEW REGISTRATION

St. Pius Religious Education 2006-2007
PLEASE PRINT AND GIVE ALL INFORMATION
FILL IN ONE FORM FOR EACH CHILD

Date _____

Please circle preferred day for classes

Wednesday

Sunday

STUDENT INFORMATION:

Child's Name

Last

First

Middle

Address _____ Home Phone _____

Street & Number

City

ZIP

Email _____

School _____ Grade _____ Age _____ Gender **F**
/ M

Birthday _____ City & State of Birth _____

Month Day Year

FAMILY INFORMATION: Registered in Parish? Yes/ No

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Does ONE parent have SOLE physical or legal custody of the child? Yes/No If yes, who? _____

All Correspondence is to be mailed to:

Name/s _____

Street & Number

City

ZIP

PARENT AGREEMENT

I agree to support the Religious Education Program by helping my child with her/his work, by attending required meetings, and by participating in Program events.

Signature _____

SACRAMENT INFORMATION (Please circle one)

Has child been baptized? Yes - Denomination of Church _____ No

Has child received First Communion? Yes No

Class Assignment _____

Payment Received _____ Date _____

Emergency Form In (Date) _____ Volunteer Form In (Date) _____