

Saint George Catholic Church Religious Education Registration Form 2017-2018

_____ Last Name	_____@_____ Email Address		
_____ Address (Street)	_____ (City)	_____ (ST)	_____ (Zip Code)

Home Phone Number	Cell Phone #	Emergency Contact name and phone #
(YES / NO)		(YES / NO)

	Father's Name	Catholic?	Mother's Name	Catholic?
	Child (1)		Child (2)	Child (3)
Name	(First)		(First)	
	(Last)		(Last)	(Last)
Grade				
Time 9 OR 11AM				
# of Years in Relig. Education				
D.O.B.	____/____/____		____/____/____	____/____/____
Place of Birth				
Which Sacraments has child received? (circle all that apply)	(Baptism) (Holy Communion) (Confirmation)		(Baptism) (Holy Communion) (Confirmation)	(Baptism) (Holy Communion) (Confirmation)
BAPTISM				
Received at this Parish?	(YES / NO)		(YES / NO)	(YES / NO)
If NOT , what is the name of the church?				
Date	____/____/____		____/____/____	____/____/____
Church Address:				
HOLY COMMUNION				
Received at this Parish?	(YES / NO)		(YES / NO)	(YES / NO)
If NOT , what is the name of the church?				
Date	____/____/____		____/____/____	____/____/____
Church Address:				
CONFIRMATION				
Received at this Parish?	(YES / NO)		(YES / NO)	(YES / NO)
If NOT , what is the name of the church?				
Date	____/____/____		____/____/____	____/____/____
Church Address:				

Paid: _____ Initial: _____ Date: ____/____/____