

For Office Use Only:
Paid cash: _____
Check #: _____ Amt: _____
Fee per student: \$25

Emmanuel Catholic Church

Religious Education Form

STUDENT INFORMATION:

Last Name: _____ Interested in Youth Group: Y / N
First Name: _____ Age: _____ Date of Birth: (___ / ___ / ___)
Address: _____ Apt #: _____
City: _____ Zip Code: _____ Place of Birth: _____
Home Telephone: (___) _____ Cell Phone: (___) _____
Name of School: _____ Grade Entering: _____
Parent Email Address: _____

Parent Information:

Fathers Name: _____
Mothers Name: _____
Preferred Method of Contact: CELL or EMAIL
Please print # or Email: _____
Student lives with: (circle all that apply): Both Parents Mother Father Grandparents

Special Circumstances

Does your child have any allergies: (circle one) NO YES
If YES please explain _____
If your child has an illness, allergy, learning disability, etc. please let us know so that we can be attentive to his/ her needs. Please explain further below:

Emergency Contact Info:

Name: _____
Phone #: _____

Sacramental Information

Circle one. If YES please fill out all details

Baptism: NO YES Church Baptized: _____ City: _____ State: _____ Date: _____
Reconciliation: No Yes Church: _____ City: _____ State: _____
First Holy Communion: No Yes Church: _____ City: _____ State: _____

If your child was **NOT BAPTIZED** at Emmanuel Catholic Church, **WE MUST HAVE A COPY of his/ her Baptismal Certificate.** Please bring a copy to the first class or drop it off at the Church Office.

PARENTS PLEASE MAKE SURE YOU FILL OUT ALL SECTIONS NEATLY AND COMPLETELY