

2010 -2011
CLUSTER 28 RELIGIOUS EDUCATION
REGISTRATION FORM
STUDENT INFO

Name _____ Middle Name _____ Last Name _____
Grade, ____ School Name _____ Registered Last Year __ Yes __ No
Date of Birth _____ City of Birth, _____
Date of Baptism Place of Baptism, _____
Sacraments Received _Baptism _Confirmation _First Eucharist _Reconciliation
Allergies _____ Medications needed during class _____
Special Needs _____

PARENT INFO

Mom's First Name, _____ Maiden Name, _____ Last Name _____
Mom's Mailing Address _____
Mom's Home # _____
E-mail Address _____ Mom is __ Married __ Single __ Divorced
Registered Parish _____
Dad's First Name Last Name, _____
Dad's Mailing Address (if different from above) _____
Dad's Home # _____
E-mail Address, _____ Dad is __ Married __ Single __ Divorced
Registered Parish (if different from above) _____
Mailings to be addressed to: ____ Mr.& Mrs. ____ Mr. ____ Mrs. ____ Ms ____ sent to both addresses

EMERGENCY CONTACT

Name _____ Telephone # _____ Alt. # _____

FEE PAID ____ CASH _____ CHECK, check # _____

Cluster 28 Religious Education Program
St. Joseph, St. Patrick & St. Pius X Churches

High School Youth Group
Registration Form

Name: _____

School: _____ Grade: _____

Home Address: _____

Telephone: Home # _____
Cell# _____

Email address: _____

Mother's name: _____ Telephone: _____

Father's name: _____ Telephone: _____