

Resurrection
Roman Catholic Parish

Religious Education Registration Form

Student's Name: _____ **Age:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Date and Place of Birth: _____

School: _____ **Grade:** _____

Please attach a copy of your child's baptismal certificate.

Date and Place of baptism: _____

Father's Name: _____

Father's Address: _____

Father's Phone: _____ Cell: _____

Father's Religion: _____

Mother's Name: _____ Maiden Name: _____

Mother's Address: _____

Mother's Phone: _____ Cell: _____

Mother's Religion: _____

Stepparent or Guardian: _____

Emergency Contact (other than parents): _____ Phone: _____

Are you and your family registered members of Resurrection Parish? _____

Is the student living with both parents? _____ If not, who has primary custody? _____

Any allergies or learning concerns: _____

Parent's Signature: _____ Date: _____