

RELIGIOUS EDUCATION REGISTRATION FORM

Parent Information

Name(s) _____

Address _____

City,State,Zip _____

Best daytime contact information if we have any questions about this registration: _____

Phone _____ email _____

Are you a Registered Parishioner at St. Raymond's Parish? () yes () no

Student Information

Name _____ Grade _____ Date of Birth _____

Baptism Received _____ First Penance Received _____ First Communion Received _____

() yes () no () yes () no () yes () no

Name _____ Grade _____ Date of Birth _____

Baptism Received _____ First Penance Received _____ First Communion Received _____

() yes () no () yes () no () yes () no

Name _____ Grade _____ Date of Birth _____

Baptism Received _____ First Penance Received _____ First Communion Received _____

() yes () no () yes () no () yes () no

Name _____ Grade _____ Date of Birth _____

Baptism Received _____ First Penance Received _____ First Communion Received _____

() yes () no () yes () no () yes () no

Emergency Contact Information

Name _____

Address _____

City,State,Zip _____

Phone _____

Relationship to child(ren) _____