

St. Maria Goretti Church

Religious Education Registration Form

School Year: _____ School: _____ Grade: _____

Child's Name: _____ Date Of Birth: _____

Address _____

Father's Name _____ Phone No: _____

Mother's Name _____ Phone No: _____

Which is the best number to text information to _____

Email Address _____

Emergency Contact Information: In case you cannot be reached, please provide person to be contacted.

Name: _____ Phone No: _____

Sacraments received by child:

Baptism: Yes / No Year: _____ Church: _____

Penance: Yes / No Year: _____ Church: _____

Eucharist: Yes/ No Year: _____ Church: _____

Please list any Physical or Behavioral Conditions your child might have. We ask for this information to ensure that the special needs of your child will be met within the program.

Food or other

Allergies: _____

Please note any other special situations you feel your Child's teacher should be aware of:

Would you be interested in helping in our Religious Education Program? YES / NO

Name and Phone Number if YES _____