

# 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 \_\_\_\_\_

Photographs and video may be taken for events and published in local newspapers. If you do not want your child to be photographed, please mark it anywhere on your registration form. We will otherwise presume that we have your consent.