

REGISTRATION FORM

Religious Education - All Saints/Holy Cross/St. Anthony

FAMILY NAME _____

MOTHER'S NAME _____

FATHER'S NAME _____

ADDRESS _____

PHONE _____

_____ E-MAIL _____

LIST CHILDREN IN GRADES PRE-SCHOOL THROUGH 12

NAME	GRADE	DOB	PLACE & DATE OF BAPTISM *
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use back if needed)

PLEASE FILL OUT BELOW IF YOU WISH TO REGISTER YOUR CHILD FOR SACRAMENTAL PREPARATION.

CHILD'S NAME	EUCHARIST	RECONCILIATION	CONFIRMATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 CHECK HERE IF HOME STUDY IS REQUESTED.

PLEASE FILL OUT BELOW IF THERE IS A FAMILY MEMBER WHO IS INTERESTED IN BECOMING A FULLY INITIATED CATHOLIC

NAME _____ PHONE _____

E-MAIL _____

*PLEASE ATTACH A COPY OF CERTIFICATE IF CHILD WAS NOT BAPTIZED IN THE CLUSTER CHURCHES