

Programs:

SCAP: ___ AM ___ PM

TUES: ___ Home Study: ___

Sacrament Only: ___

PARISH: _____

**St. Colette Religious Education
REL. ED. REGISTRATION FORM 2018-2019**

NEW FAMILIES ONLY

New Family

FAMILY LAST NAME: _____

Date: _____

Father's Name: _____ **Catholic?** ___ **Father's Cell Phone:** _____

Mother's Name: _____ **Catholic?** ___ **Mother's Cell Phone:** _____

Mother's Maiden Name: _____

HOME ADDRESS: _____ **City** _____ **Zip** _____

Father's EMAIL ADDRESS: _____ **Mother's EMAIL ADDRESS:** _____

CUSTODIAL PARENT (if different from above): _____

Child's Full Name (First, Middle, Last) _____ **Birthdate** _____ **City of Birth** _____ **Gender** _____ **Grade in Fall** _____

Baptism Date & Place _____ **Eucharist Date & Place** _____ **Reconciliation Prep Year & Place** _____ **Confirmation Date & Place** _____

Child's Full Name (First, Middle, Last) _____ **Birthdate** _____ **City of Birth** _____ **Gender** _____ **Grade in Fall** _____

Baptism Date & Place _____ **Eucharist Date & Place** _____ **Reconciliation Prep Year & Place** _____ **Confirmation Date & Place** _____

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NOTE: If any of your children were baptized outside of our parish, please provide us with a copy of each child's Baptismal Certificate if you have not done so already. *Thank you!*

(Enrollment Form AND Emergency Information/Media Consent are also needed)