

Religious Education Registration

for the parishes of

St. Bernard ++ St. Joseph ++ St. Michael the Archangel

FAMILY LAST NAME _____

PRIMARY PHONE # _____ (number to be called first)

Mother's Cell _____ Father's Cell _____

PRIMARY EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

			Parent Sacrament Info If rec'd, enter "X"			
			Bap	Recon	Euch	Conf
Mother's First & Last Name	Religion	Parish/Church				
_____	_____	_____				
Father's First & Last Name	Religion	Parish/Church				
_____	_____	_____				

Student(s) Registering:					*Sacrament Info If rec'd enter date received			
Last Name	First Name	Birthday MO/DAY/YR	Grade	School	Bap	Recon	Euch	Conf
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				

	Name: _____	Relationship: _____
Emergency Contact	Phone # _____	or _____
	Name: _____	Relationship _____
	Phone # _____	or _____

Child(ren) live with: <input type="checkbox"/> Both parents	Mother: Custody <input type="checkbox"/> 100% <input type="checkbox"/> 50%	Father: Custody <input type="checkbox"/> 100% <input type="checkbox"/> 50%
If children do not live with both parents, does the non-custodial parent have permission to pick the child up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should the non-custodial parent be kept informed of all activities of the Religious Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide address)	
Is this by mutual agreement or court order? <input type="checkbox"/> Agreement <input type="checkbox"/> Court ordered	_____	

PLEASE TURN OVER TO FINISH FORM

*If child is not baptized at this parish, please provide a copy of the Baptismal Certificate

Please detail any special information or health problems regarding each of the students registering on the back of this page. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc). This information will be kept strictly confidential; it is for Religious Education use only.

Child's Name: _____

Describe any physical needs that impact learning: _____

Individual Child's Information Describe any identified learning needs: _____

Please list any allergies: _____

Please list any medications that this child takes regularly: _____

Child's Name: _____

Describe any physical needs that impact learning: _____

Individual Child's Information Describe any identified learning needs: _____

Please list any allergies: _____

Please list any medications that this child takes regularly: _____

Child's Name: _____

Describe any physical needs that impact learning: _____

Individual Child's Information Describe any identified learning needs: _____

Please list any allergies: _____

Please list any medications that this child takes regularly: _____

Please return completed form to: **Meg Hough**

25 Robinson Street

DuBois, PA 15801