

St. Aloysius Catholic Church

Religious Education

2009—2010

Student Name	Parish Where Child was Baptized	State	Date
Has received First Penance?	Has received First Communion?	Date of Birth	Grade ⁽²⁰⁰⁸⁻²⁰⁰⁹⁾
YES NO	YES NO		
Grades Religious Ed. Completed	Medical History		

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Please turn over to complete. 

Contact Information

Family Contact Information	Mailing Address
Home Phone:	Address:
	City, Zip Code:

Parent Information

Father's Information	Mother's Information
Full Name:	Full Name:
Home Phone:	Maiden Name:
Cell Phone:	Home Phone:
Work Phone:	Cell Phone:
Email:	Work Phone:
	Email:

Emergency Contact Information

In the event of an emergency, parent(s) will be contacted and consulted immediately. In case we are unable to reach parent(s) through the contact information provided, however, we ask that an emergency person be designated. Only parents and emergency contact persons are authorized to pick-up students from the Religious Education program.

Emergency Contact #1	Emergency Contact #2
Full Name:	Full Name:
Home Phone:	Home Phone:
Relationship to Student(s)	Relationship to Student(s)

Religious Education Registration Fee (\$20 Discount for Registering by 6/21/09)

(Please contact the office if the fee presents a difficulty; We will refuse no one for financial reasons)

1 Child	\$ 50
2 Children	\$ 80
3+ Children	\$ 100

I agree to enroll my child in the Religious Education program at St. Aloysius Church. In the unlikely event of an emergency, I give the staff and volunteers of St. Aloysius Church permission to seek any necessary medical attention for my child(ren).

Signature _____ **Date** _____

For Office Use Only