QUEEN OF ANGELS PARISH
RELIGIOUS EDUCATION REGISTRATION FORM 2016-2017

Student's Full Name: _____
First Middle Last

Street Address: _____

City/State: _____ Zip Code: _____ Home Phone: _____

Date of Student's Birth: _____

Upcoming Grade in School for 2016-2017 year: _____ School: _____

Home Parish (Where you are currently registered): _____

Check the sacraments your child has received (if you are a NEW student to Religious Education):
Baptism: _____ *Reconciliation:* _____ *Eucharist:* _____ *Confirmation:* _____

Please list all allergies, special physical needs, or special learning needs that your child has: _____

_____

Parent/Guardian Information

Mother's Full Name: _____ Maiden Name: _____

Address (If different from Student): _____

Cell Phone: _____ Work Phone: _____

Email: _____

Religion: _____

Father's Full Name: _____

Address (If different from Student): _____

Cell Phone: _____ Work Phone: _____

Email: _____

Religion: _____

Emergency Information

EMERGENCY CONTACT: **I authorize the below named contact to authorize medical attention for my child and/or to pick up my child if I am not available.**

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Office use only: Date: _____ Fee amount paid: _____ Check # _____ Cash _____