

St. Charles & St. Peter
RELIGIOUS EDUCATION REGISTRATION FORM

Student _____ Date of Birth _____
(First Name) (Last Name) (Month) (Day) (Year)

School Attending _____ Grade: _____

Has this student received these Sacraments:

Baptism Yes ___ No ___ Place _____

Reconciliation Yes ___ No ___ Place _____

Holy Eucharist Yes ___ No ___ Place _____

Confirmation Yes ___ No ___ Place _____

.....
Father's Name _____ Father's Phone # _____
(First Name) (Last Name)

Father's Address _____

Email (required) _____

Work Place & Phone # _____

Parish affiliation of Father _____

Father's Marital Status: Married ___ Divorced ___ Single ___ Remarried ___

.....
Mother's Name _____ Mother's Phone # _____
(First Name) (Last Name)

Mother's Address _____

Email (required) _____

Work Place & Phone # _____

Parish affiliation of Mother _____

Mother's Marital Status: Married ___ Divorced ___ Single ___ Remarried ___

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Please use this space to indicate any learning disabilities or medical issues that we should be aware of.

