

St. Edmond Catholic Church
2016-2017
SUNDAY SCHOOL (Ages 4-5)
RELIGIOUS EDUCATION REGISTRATION

Student's Name: _____
(Last) (First) (Middle)

Age: _____ Date of Birth: _____ Sex: M F

If new to our religious education program, we would like a copy of your child's Baptismal records. (Even if they were baptized here at St. Edmond)

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

FATHER'S NAME: _____
(Father's last name) (Father's first name)

Father's Primary Email Address: _____

MOTHER'S NAME: _____
(Mother's last name) (Mother's first name) (Maiden name)

Mother's Primary Email Address: _____

Street address: _____ City: _____

Mailing address: _____ Zip: _____

Home phone#: _____

Mom's work phone#: _____ Dad's work phone#: _____

Mom's cell #: _____ Dad's cell #: _____

Child lives with: (Circle the one which applies to your circumstance)

Mother & Step Father Father & Step Mother Father & Mother Single Mother Single Father
Grandparents Guardian/Other

Emergency Contact Person: _____
(Other than parents) _____
(Home#) (Work#) (Cell#)

Is your child on any medication on a daily basis? _____

Does your child have any illnesses, allergies or disabilities of which we need to be aware?

Does your child have any type of special needs?

Class day/time preference: (Check one)
Sunday

_____ **9:00 a. m. Mass**

_____ **11:00 a. m. Mass**

FOR OFFICE USE ONLY

Date Registration Received _____