**St. Edmond Catholic Church**
**2017-2018**

# *SUNDAY SCHOOL (Ages 4-6)*

*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)

Father & Mother Single Mother Single Father
Mother & Step Father Father & Step Mother 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**

**We hope to see you!**