

MOST PRECIOUS BLOOD CHURCH

REGISTRATION FORM: SUNDAY RELIGIOUS EDUCATION CLASSES

FAMILY NAME: _____ PHONE _____

ADDRESS: _____

E-MAIL _____ Zip _____

FATHER'S NAME: _____ RELIGION: _____
(FIRST) (LAST)

MOTHER'S NAME: _____ RELIGION: _____
(FIRST) (MAIDEN NAME)

CHILD/REN LIVE WITH (check one): BOTH PARENTS _____ MOTHER _____ FATHER _____ JOINT CUSTODY _____

IF NOT PARENTS: NAME OF LEGAL GUARDIAN: _____

BAPTISMAL CERTIFICATES ARE REQUIRED FOR EACH CHILD REGISTERING FOR THE FIRST TIME UNLESS HE/SHE WAS BAPTIZED AT PRECIOUS BLOOD.

STUDENT INFORMATION

FIRST NAME	LAST NAME	BIRTH DATE	GRADE	SCHOOL	(date)-BAPTISM-RECONCILIATION-EUCHARIST
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ANY OTHER HELPFUL INFORMATION - MEDICAL, ETC. _____

*******IN CASE OF EMERGENCY, LIST PHONE NUMBER WHERE YOU CAN BE REACHED DURING CLASS TIMES (9:00-10:00 AM) :**

REGISTRATION FEE: \$40.00 PER STUDENT. AMOUNT: _____ DATE OF PAYMENT: _____

Year 2016-2017