St. Elizabeth Parish - Religious Education

New Child Registration Form 2011

Child's Name _____
First Last

Address _____
Street Town State Zip

Date of Birth_____ Grade in September_____ My Child has Special Needs ☐

Sacrament History	**Date**	**Church**	**Town/State**
***Baptism**	_____	_____	_____/____
Penance	_____	_____	_____/____
Communion	_____	_____	_____/____
Confirmation	_____	_____	_____/____

****Photocopy of baptismal certificate must be enclosed to process registration.***

	# of Years	**Parish**
Previous Religious Education	_____	_____
	_____	_____

Parent Information

Father's Name:_____ Religion:_____
First Last

Address:_____ Phone:_____
(if different from child's)

Mother's Name:_____ Religion:_____
First (Maiden) Last

Address:_____ Phone:_____
(if different from child's)