

ST. RITA'S RELIGIOUS EDUCATION REGISTRATION FORM

Student's Last Name _____

Date of Registration: _____

First Name _____

Grade in September: _____

Address _____

Fee Paid: _____

City & Zip code _____, _____

Baptismal Certificate Yes No

Telephone No. _____

Send mail to: Parent Guardian Other

Sacrament Preparation For:

Name _____

Address _____

City & Zip code _____, _____

Child's date of birth:

EMERGENCY INFORMATION

Name _____

Child's School:

Relation to child _____

Telephone No _____

Father's Last Name _____

Is the Father Living? Yes No

First Name _____

Father's Religion? _____

Mother's Maiden Name _____

Is the Mother Living? Yes No

First Name _____

Mother's Religion? _____

SACRAMENT INFORMATION

Was the child Baptized? Yes No

Did the child receive the Sacrament of the First Holy Communion? Yes No

Did the child receive The Sacrament of Confirmation? Yes No

Has the child ever attended St. Rita's Religion program? Yes No

If yes..... When _____

Name of Parish you currently attend _____

Location _____

This Registration was taken by _____