

Evening Religious Education Information

Family name: _____

Personal Information

Child's Last Name if Different	
Father's first name	
Mother's first name	
Home address	
Home address	
Home phone	
Mom's cell	
Dad's Cell	
Emergency Contact	
Emergency Contact phone #	
Parish registered in	
Mother's Religion/ marital status	
Father's Religion/marital status	
Mother's occupation	
Father's occupation	

Students:

Child's name	
D.O.B./grade in school	
Baptism/date recv'd/Church recv'd	
1 st Reconciliation/date recv'd/Church	
Eucharist/date recv'd/Church recv'd	
Child's name	
D.O.B./grade in school	
Baptism/date recvd/Church recv'd	
1 st Reconciliation/date recv'd/Church	
Eucharist/date recv'd/church recv'd	
Child's name	
D.O.B./grade in school	
Baptism/date recv'd/Church recv'd	
1 st Reconciliation/date recv'd/church	
Eucharist/date recv'd/Church recv'd	