

***Rite of Christian Initiation for Children  
Registration Form***

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number (mother) \_\_\_\_\_

Cell Phone Number (father) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

**Are you currently attending a parish?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of parish \_\_\_\_\_

**Are you registered in that parish?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide the following information on each child to be enrolled in the program:**

**Child's Name:** \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ School attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_