



Divine Mercy Parish

Religious Education Class Registration - "Disciples in Training"

Please fill out both sides. If you need more space under a category, please feel free to make more copies. If your child does not attend one of the schools below or is home-schooled, please make that notation. There is an envelope for donations to the Religious Education program in the September packet of church envelopes. Any donation to help cover costs is greatly appreciated. Thank you.

Preschool-Kindergarten (Sunday morning---10 AM Mass)

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Pine Ridge Students — Grades K-4 (Wednesday morning---7:45 – 8:45)

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Cedar Crest Students — Grades 5-6 (Tuesday morning—8:00 – 8:45)

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Forest Park Junior High School—Grade 7-Wednesday (2-3pm) & Grade 8– Tuesday (2-3pm)

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Forest Park High School—Grades 9-12 (Wednesday evening---7:00 – 8:15)

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

Students Name: _____ Grade _____ DOB: _____

Sacraments Received: (Please circle) Baptism First Communion Confirmation

PLEASE TURN THIS SHEET OVER AND COMPLETE THE BACK SIDE.

FAMILY INFORMATION

Father's Name: _____

Father's Address: _____

Father's Home Phone: _____ cell _____ work _____

Father's email: _____ Registered in which parish _____

Mother's Name: _____

Mother's Address (If different than Father's): _____

Mother's Home Phone: _____ cell _____ work _____

Mother's Email: _____ Registered in which parish _____

With whom does the student(s) live? Parent(s) _____

Other than parents _____

(Name & Relationship to Student)

Address: _____

Who is authorized to pick up the child(ren)? _____

_____ Yes, I worship at a weekly Sunday Eucharist and share my time, talent and treasure as stewardship to the parish.

_____ Yes, I would like to help in the Religious Education program. Please contact me as the need arises.

Waiver for permission to photograph:

I, the undersigned do hereby consent and agree that the Catholic Diocese of Evansville has the right to take photographs of my child to use exclusively for the purpose of event/program promotions.

Signature of Parent/Guardian completing this form: _____ Date: _____

PLEASE RETURN TO JANIE KEMPF BY July 31, 2019