

Assumption B.V.M. Parish - Slatington, Pennsylvania
Religious Education Enrollment Form

Family's Name: _____ Is your family registered at Assumption Parish? _____

Child's Name: _____
Last First Middle

Home Address: _____

Home Phone: _____ P.R.E.P. (CCD) Level In September: _____

School District Attending: _____ Grade in September: _____

Date of Birth: _____ Place of Birth: _____
(City) (State)

*Date of Baptism: _____ * Church of Baptism: _____
(City) (State)

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

Father's Name: _____
Last First Middle

Pertinent Health Information: _____

Learning Information administrators should be aware of: _____

** Custodial Parent: _____
(In cases of divorce or separation) Last First Middle

Address: _____
_____ Phone: _____

Person responsible for Child's Religious Education:

Name: _____
Last First Middle

Relationship to Child: _____ Phone: _____ Home
_____ Cell

Address: _____

Date: _____

*If your child was not baptized here at Assumption B.V.M. Parish, please furnish a copy of his/her Baptismal Certificate.

**Please speak to the Director of Religious Education – Susan Adams 610-597-7270