

St Rita Nānākuli Comprehensive Youth Ministry
Religious Education Program Registration Form

Family Name

Address

Email

City _____

Registered Parishioner?

_____ Yes

_____ No

State _____ Zip Code _____

Country _____

Mother's/Guardian's Name

Cell/Home Phone Number

Father's/Guardian's Name

Cell/Home Phone Number

Emergency Contact (Name, Relationship)

Cell/Home Phone Number

Child's Name

Date of Birth _____ / _____ / _____

Grade _____ School _____

Date of Baptism

Church, City, State

Date of First Holy Communion

Church, City, State

Date of Confirmation

Church, City, State

Our St Rita Nānākuli Comprehensive Youth Ministry supports youth and their families so that all will fall in love with Jesus and stay involved through faith, fun, and fellowship.

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Child's Name

Date of Birth _____ / _____ / _____

Grade ____ School _____

Date of Baptism

Church, City, State

Date of First Holy Communion

Church, City, State

Date of Confirmation

Church, City, State

Child's Name

Date of Birth _____ / _____ / _____

Grade ____ School _____

Date of Baptism

Church, City, State

Date of First Holy Communion

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Church, City, State

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