

**St. Michael Catholic Church
Religious Education Form
2014-2015**

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #: _____ Emergency Phone #: _____

Student Cell Phone #: _____ Text Message: Yes ___ No ___

Student Date of Birth: _____ Current Age: _____

Student email address: _____

Mother's Name: _____

Father's Name: _____

Mother Cell Phone #: _____ Text Message: Yes ___ No ___

Email Address: _____

Father Cell Phone #: _____ Text Message: Yes ___ No ___

Email Address: _____

School Presently Attending: _____

Grade Entering in School: _____ Grade Entering in RE: _____

Sacramental Information

Church of Baptism: _____ Date: _____

City: _____ State: _____

First Reconciliation No () Yes () Date: _____

Church: _____

First Eucharist No () Yes () Date: _____

Church: _____

For office use only: Grade level _____ Fee paid _____ Check # or cash _____