

ST. LUKE RELIGIOUS EDUCATION REGISTRATION FORM

Year _____

FAMILY LAST NAME _____ PHONE _____

ADDRESS _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____
(Include Maiden Name)

Emergency Contact _____ Phone _____

Parent's E-mail _____

Student's Full Name _____

Student Lives with: _____ Both Parents _____ Father _____ Mother

Student's Date of Birth _____ Student's Grade _____ Student's School _____

Student's Cell Phone Number (if has one) _____

Student's Baptismal Information _____
Date Church Address

Student's Communion Information _____
Date Church Address

Siblings _____

Name Age Grade

Name Age Grade

Name Age Grade

Please share any additional information about your child that will be helpful to us in providing a positive and supportive learning environment. For example, allergies, special needs:

Office use: Paid _____ Date _____ Check # _____ Cash _____
Other _____