

**Registration for Catholic Religious Education at FSDB — 2018—2019**  
**Coordinated through SAN SEBASTIAN CATHOLIC CHURCH / DIOCESE OF ST. AUGUSTINE**

FAMILY NAME (Print below) \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CONTACT NUMBERS  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
E-mail \_\_\_\_\_

Parish and Mass time you usually attend \_\_\_\_\_

**Student 1**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Blind \_\_\_ Deaf \_\_\_

Last attended Religious Education at \_\_\_\_\_ Parish

Medical/Special Needs \_\_\_\_\_

Baptized Catholic? Yes No    First Communion? Yes No    Confirmation? Yes No

**Student 2**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Blind \_\_\_ Deaf \_\_\_

Last attended Religious Education at \_\_\_\_\_ Parish

Medical/Special Needs \_\_\_\_\_

Baptized Catholic? Yes No    First Communion? Yes No    Confirmation? Yes No

**Student 3**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Blind \_\_\_ Deaf \_\_\_

Last attended Religious Education at \_\_\_\_\_ Parish

Medical/Special Needs \_\_\_\_\_

Baptized Catholic? Yes No    First Communion? Yes No    Confirmation? Yes No

**“I understand that I am giving permission for the Diocese of St. Augustine staff and volunteers to sign my child out of FSDB. During this time, my child will be under the supervision of the Diocese of St. Augustine. FSDB staff will resume supervision when my child is signed back on campus.”**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_