

Registration for Catholic Religious Education at FSDB — 2019-2020
Coordinated through SAN SEBASTIAN CATHOLIC CHURCH / DIOCESE OF ST. AUGUSTINE

FAMILY NAME (Print below)	CONTACT NUMBERS
_____	Home _____
Mother _____	Work _____
Father _____	E-mail _____
Address _____	
Street	City
	Zip

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: _____