## St. Katharine Drexel Catholic Church

Religious Education Registration 2022-2023

## **Check Class Format:**

In-Person	Virtual	Homeschool	
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## FAMILY INFORMATION

Family Last Name:	Date:		
Father's Name:	Father's Cell / Work:		
Mother's Name:	Mother's Cell / Work:		
Mother's Maiden:	EMAIL:		
Home Phone:	Emergency Contact:		
Home Address:	Emergency Phone:		
City, ST Postal:	Are both Parents Cathol	Are both Parents Catholic? Yes/ No	
STUDENT #1 INFORMATION			
Child Name:	Catholic? Yes / No		
Gender:	Sacrament Details	Check & Date All Below	
Birth Date:	Baptism 🔲		
Grade:	Reconciliation Prep		
Session:	Eucharist 🗆		
Class:	Confirmation		
Special Needs (Medical, Learning Disabilities,	Physical Disabilities, etc):		
STUDENT #2 INFORMATION			
Child Name:	Catholic? Yes / No		
Gender: ☐ Male ☐ Female	Sacrament Details	Check & Date All Below	
Birth Date:	Baptism 🔲		
Grade:	Reconciliation Prep		
Session:	Eucharist □	Eucharist 🗆	
Class:	Confirmation □	Confirmation	
Special Needs (Medical, Learning Disabilities,	Physical Disabilities, etc):		
NOTE: If any of your children were baptized outside record, you will need to submit a copy for our files.	e of this parish, and you have not already provid	ed a copy of each child's baptismal	
Tuition DUE: \$Tuitio	on PAID: \$ Signature: _		

## STUDENT #3 INFORMATION Catholic? Yes / No Child Name: Gender: ☐ Male ☐ Female Sacrament Details Check & Date All Below Birth Date: \_\_\_\_\_ Baptism Grade: Reconciliation Prep Session: Eucharist Confirmation $\Box$ Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): STUDENT #4 INFORMATION Child Name: Catholic? Yes / No Gender: $\square$ Male ☐ Female Sacrament Details Check & Date All Below Baptism Birth Date: \_\_\_\_\_ Grade: Reconciliation Prep Session: Eucharist Class: \_\_\_\_\_ Confirmation $\Box$ Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): STUDENT #5 INFORMATION Child Name: Catholic? Yes / No Gender: ☐ Male ☐ Female Sacrament Details Check & Date All Below Birth Date: \_\_\_\_\_ Baptism Grade: Reconciliation Prep Eucharist Session: Confirmation $\Box$ Class: Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): NOTE: If any of your children were baptized outside of this parish, and you have not already provided a copy of each child's baptismal record, you will need to submit a copy for our files.

Tuition DUE: \$ Tuition PAID: \$ Signature: