

**HOLY ANGELS PARISH  
RELIGIOUS EDUCATION  
REGISTRATION 2017-2018**



**(PLEASE PRINT)**

**Student's Name**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

(Please check) Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Current Grade Level School \_\_\_\_\_ CCD \_\_\_\_\_

School Student Attends \_\_\_\_\_

Information about student's learning style that may be necessary for the catechist to know

\_\_\_\_\_

Family's Home Parish: Holy Angels Parish  Neighboring Parish  \_\_\_\_\_

**Parental Information**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Work and/or cell phone number (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Work and/or cell phone number (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Important Medical Information (medical conditions or allergies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(PLEASE COMPLETE THE REVERSE SIDE)**

**\*PLEASE NOTE: ANY CHILD NOT BAPTIZED AT HOLY ANGELS CHURCH MUST SUBMIT A COPY OF HIS OR HER BAPTISMAL CERTIFICATE.**

**Sacramental Information**

**Baptism** Yes No                      **Date of Baptism** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Church** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**First Reconciliation** Yes No                      **Date of Reconciliation** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Church** \_\_\_\_\_

**First Holy Eucharist** Yes No                      **Date of First Eucharist** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Church** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Confirmation** Yes No                      **Date of Confirmation** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Church** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**FAMILY INFORMATION**

**Child lives with:**                      **Both parents** \_\_\_\_\_  
**One parent** \_\_\_\_\_ **Mother**     **Father**   
**Guardian** \_\_\_\_\_ **Name of guardian** \_\_\_\_\_

**If family status involves separation or divorce, which parent or guardian will be responsible for bringing the child to CCD?** \_\_\_\_\_

**Is there any other information Holy Angels should be aware of such as additional phone numbers or when the child is with which parent?**  
\_\_\_\_\_  
\_\_\_\_\_