

St Pius X Parish
Religious Education Registration

701 W. Water St., Cambridge, WI 53523 608-423-3015

Family Last Name: _____ Date: _____
 Father's Name: _____ Home Phone: _____
 Mother's Name: _____ Mom/Dad Work/Cell: _____
 Mother's Maiden: _____ Emergency Contact: _____
 Custodial Parent, if different from above: _____ Email: _____
 Home Address: _____ Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____