

St. Aloysius Church Religious Education

Family Registration Form

2015-2016

Parent Information

Father's Information	Mother's Information
Full Name:	Full Name:
Home Phone:	Maiden Name:
Cell Phone:	Home Phone:
Work Phone:	Cell Phone:
Email:	Work Phone:
Is Father Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
	Is Mother Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mailing Address	Children live with:
Address:	<input type="checkbox"/> Both Parents Together <input type="checkbox"/> Mother
City, Zip Code:	<input type="checkbox"/> Shared Custody <input type="checkbox"/> Father

Emergency Contact Information

In the event of an emergency, parent(s) will be contacted and consulted immediately. In case we are unable to reach parent(s) through the contact information provided, however, we ask that an emergency person be designated. Only parents and emergency contact persons are authorized to pick-up students from the Religious Education program.

Emergency Contact #1	Emergency Contact #2
Full Name:	Full Name:
Home Phone:	Home Phone:
Relationship to Student(s)	Relationship to Student(s)

Registration Fee	Please make checks payable to "St. Aloysius Church."
1 Child \$45 before 7/1/15, \$60 after	Enclosed is my payment of <input type="text" value="\$"/>
2 Children \$85 before 7/1/15, \$100 after	We will refuse no one for financial reasons. If full payment is not possible, please contact the Director of Religious Education to discuss options.
3 Children \$110 before 7/1/15, \$125 after	

For Office Use Only

Child #1

First Name		Last Name	
2015-2016 Grade		Grades Catholic Rel. Ed. Completed	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Has been Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received Confession & Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Where Baptized	<input type="checkbox"/> St. Aloysius <input type="checkbox"/> Other:		
Medical History			
Does he/she have an "IEP" or any special learning accommodations in school? If yes, please explain, using a separate sheet if necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Child #2

First Name		Last Name	
2015-2016 Grade		Grades Catholic Rel. Ed. Completed	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Has been Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received Confession & Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Where Baptized	<input type="checkbox"/> St. Aloysius <input type="checkbox"/> Other:		
Medical History			
Does he/she have an "IEP" or any special learning accommodations in school? If yes, please explain, using a separate sheet if necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Child #3

First Name		Last Name	
2015-2016 Grade		Grades Catholic Rel. Ed. Completed	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Has been Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received Confession & Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Where Baptized	<input type="checkbox"/> St. Aloysius <input type="checkbox"/> Other:		
Medical History			
Does he/she have an "IEP" or any special learning accommodations in school? If yes, please explain, using a separate sheet if necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Child #4

First Name		Last Name	
2015-2016 Grade		Grades Catholic Rel. Ed. Completed	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Has been Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received Confession & Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Where Baptized	<input type="checkbox"/> St. Aloysius <input type="checkbox"/> Other:		
Medical History			
Does he/she have an "IEP" or any special learning accommodations in school? If yes, please explain, using a separate sheet if necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to enroll my child(ren) in the Religious Education program at St. Aloysius Church. In the unlikely event of an emergency, I give the staff and volunteers of St. Aloysius Church permission to seek any necessary medical attention for my child(ren). I give St. Aloysius Church permission to take photographs of my child that may be used in parish media.

Signature**Date**