Saint George Catholic Church Religious Education Registration Form 2009-2010

_____ _____@_____

LAST NAME EMAIL ADDRESS

Address:

(Street) (City) (ST) (Zip Code)

Home Phone # Cell Phone # Emergency Contact Name & Phone #

Father's Name (First, Last) (YES / NO) Catholic? Mother's Name (First, Maiden) (YES / NO) Catholic?

	CHILD (1)	CHILD (2)	CHILD (3)
Name	(First)	(First)	(First)
	(Last)	(Last)	(Last)
Grade			
# of Years in Relig. Education			
D.O.B.	_____/_____/_____	_____/_____/_____	_____/_____/_____
Place of Birth			
Which sacraments has child received? (Circle all that apply)	(Baptism) (Holy Communion) (Confirmation)	(Baptism) (Holy Communion) (Confirmation)	(Baptism) (Holy Communion) (Confirmation)
BAPTISM			
Received @ this St. George Church?	(YES / NO)	(YES / NO)	(YES / NO)
If **not**, what is name of the Church?			
Date:	_____/_____/_____	_____/_____/_____	_____/_____/_____
Church			
Address:			
HOLY COMMUNION			
Received @ this St. George Church?	(YES / NO)	(YES / NO)	(YES / NO)
If **not**, what is name of the Church?			
Date:	_____/_____/_____	_____/_____/_____	_____/_____/_____
Church			
Address:			
CONFIRMATION			
Received @ this St. George Church?	(YES / NO)	(YES / NO)	(YES / NO)
If **not**, what is name of the Church?			
Date:	_____/_____/_____	_____/_____/_____	_____/_____/_____
Church			
Address:			

Initial & date that you've received the CCD Requirements Initial: _____ Date: _____/_____/_____