

St. Kevin Parish Religious Education Registration Form

2016-2017 School Year

Grades 1-8 — Sundays 8:50am-9:50am

Registration Fee: \$35

****ALL INFORMATION MUST BE PROVIDED
IN ORDER FOR REGISTRATION TO BE PROCESSED****

Child's Name: _____ Gender: Male ___ Female ___ Grade: _____

Date of Birth: ___/___/___ Are you a registered member of St. Kevin Parish? Yes ___ No ___

Address: _____ Phone: _____
Street City Zip Code

Allergies: _____ Learning Disabilities: _____

Last Grade of Religious Education attended: _____ Parish (and city): _____

Father/Guardian Name: _____ Religion: _____

Cell Phone: _____ E-mail: _____

Mother/Guardian Name: _____ Religion: _____

Maiden Name: _____

Cell Phone: _____ E-mail: _____

Child(ren) reside(s) with: Father ___ Mother ___ Both ___ Other (specify) _____

Emergency Contact Name: _____ Phone: _____

Sacraments:

Has your child been BAPTIZED: Yes ___ No ___

If yes: Church: _____ Date: _____

Address of Church: _____
Street City State Zip Code

Has a copy of the Baptismal Certificate been given to the office: Yes ___ No ___

If not, please provide one **as soon as possible**.

(Note: Baptisms performed at St. Kevin remain on file and no certificate is necessary)

Has your child received CONFESSION: Yes ___ No ___

Has your child received FIRST COMMUNION: Yes ___ No ___

Office Use Only

D.P.#

Child #