

Holy Spirit Religious Education Registration Form

Student _____
Last First Middle Grade
in September

Address _____

Home Phone _____ Family Cell Phone _____

E-mail Address _____

Emergency Phone # for Parent during class _____

Child's Date of Birth _____ Place of Birth _____

Student's current School _____

Father's Name _____
Religion

Mother's Name _____
Mother's Maiden Name Religion

Please indicate the name and relationship of the adults with whom the student lives:

Please include the following Sacramental Information

This child has **not yet** celebrated: ___ Baptism ___ Reconciliation ___ First Eucharist
Church Town Date

Baptism _____

First Eucharist _____

First Reconciliation _____

Previous Religious Education: _____
Parish Town Grades

Grade (in Sept.): 1 2 3 4 5 6 (classes are on Tuesday, Wednesday or Thursday 3:45 – 5:00)

Please indicate First and Second Choice of day: First _____ Second _____

Grade (in Sept.): 7 8 (classes are on Monday evening 7:00 – 8:30)

(Please complete both sides)

Registration: Date _____ Amt. Paid \$ _____ Check # _____ Cash _____ Exempt _____ Out. _____

Please Complete both sides – This side will be copied for the Catechist.

Student _____
Last First Middle Grade
In September

Address _____

Home Phone _____ Family Cell Phone _____

Emergency Phone # for Parent during class time _____

2 Additional Emergency Contact People during class time:

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Please alert us to any special circumstances your child may be dealing with physically, emotionally, or educationally:

Are there any family circumstances which may affect your child's behavior and attention in class; such as recent death, divorce, change of school, remarriage, additional children, etc.?

Does your child have any known allergies? Yes _____ No _____

Should your child be wearing glasses in class? Yes _____ No _____

Does your child have a hearing problem? Yes _____ No _____

To the best of your knowledge your child is reading:

Below grade level _____

On grade level _____

Above grade level _____

Is your child's social interaction in class:

Reserved _____

Average _____

Unusually outgoing _____

Please sign:

As parents/guardians we will abide by the policies and procedures of the Religious Education Office and the Parish:

Thank you for taking the time to fill this out completely. If you are aware of any changes, please notify the Office of Religious Education 908 964-7533. Thank you. Fax 908 687-1312