

**St. Pius X Parish Religious Education Program
2004-2005 Registration Form**

I. General Information

Mailing Address: _____
(street)

(city) (zip)

Phone Number: Home: _____

Emergency : _____

E-mail: _____

Father's Name: _____
(first) (last) (Religion)

Mother's Name: _____
(first) (last) (Religion)

Child(ren) resides with: Mother and Father Mother Father Other:

St. Pius X Parish Envelope Number: _____

II. Student Information

| <u>Child's Name</u> | <u>Birthdate</u> | <u>Name of School/ Grade</u> | <u>CCD Grade</u> | <u>CCD Day/Time</u> |
|---------------------|------------------|----------------------------------|----------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(OVER)

III. Sacramental Information

| <u>Child's Name</u> | <u>Baptism</u> | <u>Reconciliation</u> | <u>First Eucharist</u> | <u>Confirmation</u> |
|---------------------|----------------|-----------------------|------------------------|---------------------|
| _____ | Yes/No | Yes/No | Yes/No | Yes/No |
| _____ | Yes/No | Yes/No | Yes/No | Yes/No |
| _____ | Yes/No | Yes/No | Yes/No | Yes/No |
| _____ | Yes/No | Yes/No | Yes/No | Yes/No |

NOTE: Each child must have a copy of his/her baptismal certificate on file in the office.

IV. Additional Information

In the space below, please list any allergies (food, insect) or other medical information Relevant to your child(ren)'s enrollment in this program. Also please list any diagnosed learning disabilities relevant to your child(ren)'s success in our program.

V. Fees

| | |
|------------------------------------|---|
| _____ \$30.00 one child | _____ cash |
| _____ \$60.00 two or more children | _____ check (payable to St. Pius X Church) |
| _____ Fee waived | |