

RELIGIOUS EDUCATION REGISTRATION FORM

St. Daniel the Prophet Roman Catholic Parish

Child/teen's Grade for 2009-2010 \_\_\_\_\_ Classes in (circle one) English or Spanish

CHILD/TEEN INFORMATION (please print):

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Street Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age: \_\_\_\_\_

Name of School attending: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Grade: \_\_\_\_\_

Primary language child/teen speaks, reads and writes (Circle one) English OR Spanish

FAMILY INFORMATION:

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Step-Parent' (s) Name(s): \_\_\_\_\_

Child/teen lives with? (Name): \_\_\_\_\_ Relationship to child/teen: \_\_\_\_\_

At what address: \_\_\_\_\_

Language spoken at home: English Spanish Other \_\_\_\_\_

Custody: If parents are divorced/separated is there: (circle one) joint custody or sole custody

Custody with: Father Mother Guardian Other (relationship) \_\_\_\_\_

Is your family registered at St. Daniel the Prophet Parish? Yes or No

If yes, under what family name: \_\_\_\_\_ Envelope # \_\_\_\_\_

If no, at which parish are you registered: \_\_\_\_\_

Do you have any other children in St. Daniel the Prophet R.E. Program? Yes or No

Child #1 \_\_\_\_\_ Grade \_\_\_\_\_ Child #3 \_\_\_\_\_ Grade \_\_\_\_\_

Child #2 \_\_\_\_\_ Grade \_\_\_\_\_ Child #4 \_\_\_\_\_ Grade \_\_\_\_\_

SACRAMENT INFORMATION: (Please list the sacraments your child has already received)

Baptism: YES or NO Date: \_\_\_\_\_

Official Certificate Required – no copies permitted

Confession: YES or NO

Confirmation: YES or NO Date: \_\_\_\_\_

Official Certificate Required – no copies permitted

First Holy Communion: YES or NO Date: \_\_\_\_\_

EMERGENCY INFORMATION: Child/teen's Medical Conditions: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

SIGNATURE OF BOTH PARENTS/CUSTODIANS REQUIRED BELOW:

(If divorced/separated with joint custody, BOTH parents must sign)

We request that (name of child/teen) \_\_\_\_\_ be accepted into St. Daniel the Prophet's Religious Education Program. By signing below I consent to my child's full participation in St. Daniel the Prophet's Religious Education Program.

\_\_\_\_\_  
Father / Male Custodian (date) Mother / Female Custodian (date)

# RELIGIOUS EDUCATION REGISTRATION FORM

St. Daniel the Prophet Roman Catholic Parish

## OFFICE USE ONLY USO PARA LA OFICINA UNICAMENTE

### CHILD/TEEN INFORMATION:

Name \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City Zip

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### FAMILY INFORMATION:

Registered family name: \_\_\_\_\_ No. \_\_\_\_\_ Active / Inactive

### SACRAMENTS RECEIVED AT ST. DANIEL THE PROPHET:

<b>BAPTISM Date</b> _____ Certificate issued _____ Recorded _____ Page ____ Line _____	<b>RECONCILIATION Date</b> _____ Certificate issued _____ Recorded _____ Page ____ Line _____
<b>CONFIRMATION Date</b> _____ Certificate _____ Recorded _____ Page ____ Line _____ Notice to Church of Baptism _____	<b>COMMUNION Date</b> _____ Certificate _____ Recorded _____ Page ____ Line _____ Notice to Church of Baptism _____ Date sent _____ Initials _____

### CHILD/TEEN HISTORY IN ST. DANIEL'S R.E. PROGRAM:

Year	Grade	Eng/Spa	Attendance	Pass/Fa	Payment	Tuition Aid

### COMMENTS/CHANGES (Initial changes):

---

---

---

---