



Office Use Only

Payment: _____

Type: _____

Date: _____

Emergency: _____

Photo Release: _____

Baptismal Cert: _____

Parish School of Religion - Religious Education Registration

Student's Name: _____ Prefers to be called: _____

First Middle Last

Address: _____ Date of Birth: _____

Place of Birth: _____

Profession of Faith: _____ (if applicable)

Month Day Year

Date of Baptism: _____ Church of Baptism: _____

Church Address: _____

Date of First Reconciliation (if not at SJV): _____

Date of First Communion (if not at SJV): _____

Current School: _____ Current Grade: _____

Has child attended Catholic School? _____ Name of School: _____

Dates Attended: _____

Father: _____ Religion: _____

First Middle Last

Address: _____

Email: _____ Phone: _____

Mother: _____ Religion: _____

First Middle Maiden

Address: _____

Email: _____ Phone: _____