

Religious Education Registration

640 Morehouse Road , Easton, CT 06612

Term: 2023 - 2024

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father's Name: _____ Father's Email Address: _____

Mother's Name: _____ Mother's Email Address: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____ Father Catholic? _____

City, ST, Postal: _____ Father Religion: _____

Father's Cell / Work: _____ Mother Catholic? _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes / No

Gender: Male Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT #2 INFORMATION

Child Name: _____ **Catholic?** Yes / No

Gender: Male Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____