



# *St. Agatha Catholic Church*

## *Religious Education*

### REGISTRATION FORM

**CHILD'S INFORMATION**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address of Child: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Child's Birth: \_\_\_\_\_ Place of Child's Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

**BAPTISM:** Yes, \_\_\_\_\_ No \_\_\_\_\_ Baptism Certificate on file: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Church: \_\_\_\_\_

**FIRST COMMUNION:** Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Church: \_\_\_\_\_

**PARENTAL INFORMATION:**

Father's name: \_\_\_\_\_ Religion of the Father: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_ Religion of the Mother: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Parents are married in the Church: Yes \_\_\_ No \_\_\_ Divorced ( ), Other \_\_\_\_\_

Student lives with Father and Mother ( ), Father only ( ), Mother only ( ), Legal Guardian ( )

Step-Father ( ), Step-Mother ( ) Other \_\_\_\_\_

What Catholic Church do you attend? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Language spoken in the home: Spanish English Other

Parent/Guardian Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

	School Year	Age	Registered	Parents/Initials	Payment
Beginners	_____ ( )	_____	_____	_____	_____
Pre-Communion	_____ ( )	_____	_____	_____	_____
Communion	_____ ( )	_____	_____	_____	_____
Post-Communion	_____ ( )	_____	_____	_____	_____
Pre-Confirmation	_____ ( )	_____	_____	_____	_____
Confirmation	_____ ( )	_____	_____	_____	_____