

RELIGIOUS EDUCATION REGISTRATION FORM

SCHOOL YEAR _____

Child's Name (Last, First and Middle): _____ **Gender:** (M or F) _____

Grade: _____ **Birth Date:** _____

Birthplace: _____ **School Name:** _____

Father's Full Name: _____

Father's Address if different from child's: _____ **Zip Code** _____

Mother's Full Name (Maiden:) _____

Mother's Address if different from child's: _____ **Zip Code** _____

Child's Home Address: _____ **Zip Code** _____

Contact Phone Number: _____

Additional Emergency Phone Number (during class time) _____

Choice of Day for Religious Education Class: (Check One)

(K thru 5) ___ Sunday 10:45 AM to Noon; ___ Monday 4:00 PM to 5:15 PM; ___ Wednesday 4:00 PM to 5:15 PM.

(6 thru 8) ___ Wednesday 4:00 PM to 5:15 PM.

(Sr. High) ___ Sunday 10:45 AM to Noon; ___ Monday 7:00 PM to 8:30 PM.

(OCIC) ___ Wednesday 4:00 PM to 5:20 PM.

Did your child attend Religious Education classes last year? Yes ___ No ___

If yes, where did your child attend? (Church & City) _____

Sacramental Information

Baptism Information – Baptism Date: _____

Church Name and City of Baptism: _____

First Confession Information – Confession Date: _____

Church Name and City of Confession: _____

First Communion Information – First Communion Date: _____

Church and City of First Communion: _____

Confirmation Information – Confirmation Date: _____

Church and City of Confirmation: _____

Additional Information

Who is allowed to pick up your child from class? _____

Is there any medical info we need to be aware of? _____

Is there any other info we need to know about your child? _____

To email form please send it to : sfdsmilly@aol.com

Or mail it to **Saint Francis De Sales Parish, Religious Education 1375 S. Camino Seco Tucson AZ 85710**

If you have Adobe Acrobat Reader you will need to save the file and then email it to Saint Francis De Sales Parish.