

# St. Jude Thaddeus Religious Education Registration 2020-2021

Student Last Name \_\_\_\_\_

## Contact Information

ADDRESS OF CHILDREN \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**MOTHER**  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**FATHER**  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

List only the students enrolling in Religious Ed programs:

*FOR OFFICE USE ONLY*

Called Name	Male/Female	Birthdate	School	Grade	RE GRADE	Session	Teacher
1.							
2.							
3.							
4.							

PLEASE PRINT full names of students as name appears on baptism certificate.

Please check which sacraments student has completed.

First	Middle	Last	Child's Religion	Baptism	Penance	Communion	Confirmation
1.							
2.							
3.							
4.							

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**FIRST COMMUNION:** Is your child enrolled in a Catholic Elementary school?      YES      NO

If yes, which school? \_\_\_\_\_

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## Parent/Guardian Information

Family last name as registered with Parish \_\_\_\_\_ With whom do the students live on a *full time basis*? \_\_\_\_\_

Did student(s) attend religion classes previously?      YES      NO      Where? \_\_\_\_\_

**MOTHER** \_\_\_\_\_  
LAST                      FIRST                      MAIDEN                      RELIGION                      PARISH

**FATHER** \_\_\_\_\_  
LAST                      FIRST                      MIDDLE INITIAL                      RELIGION                      PARISH

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 .....

STEPMOTHER \_\_\_\_\_  
LAST                      FIRST                      MAIDEN                      RELIGION                      PARISH

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STEPFATHER \_\_\_\_\_  
LAST                      FIRST                      MIDDLE INITIAL                      RELIGION                      PARISH

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

.....  
 Necessary medical information: (Please explain) \_\_\_\_\_

Do any of your children have difficulty reading or writing...attention deficit, hyperactivity? \_\_\_\_\_

\_\_\_\_\_

**SUPPLY FEE:**    \$20.00 -- 1 student    \$25.00 -- 2 students    \$30.00 -- 3 or more students      Amount Paid \$ \_\_\_\_\_

**PLEASE MAKE SURE TO FILL OUT ONE "J-h Liability Waiver" PER CHILD**