

ST. PIUS X Religious Education Registration Form 2018-2019

(PLEASE PRINT CLEARLY)

Date: _____

Parents/Guardians: _____

Address: _____

Phone Home: _____ Cell: _____ Work: _____

Emergency Contact Person: _____ Relationship to Student: _____

Emergency Contact Number: _____ Email: _____

Sacramental History: For each child below, please check the corresponding box(es) to indicate which Sacrament your child has received.

Child(ren) information: **Baptism** **Reconciliation** **Eucharist** **Confirmation**

Name: _____ Gr. _____

Date of birth: _____ M ___ F ___

Was your child baptized at St. Pius X Jamul? Y/N

If no, please provide the name of church name where your child was baptized: _____
Is this a Catholic Church? Y/N

Name: _____ Gr. _____

Date of birth: _____ M ___ F ___

Was your child baptized at St. Pius X Jamul? Y/N

If no, please provide the name of church name where your child was baptized: _____
Is this a Catholic Church? Y/N

Name: _____ Gr. _____

Date of birth: _____ M ___ F ___

Was your child baptized at St. Pius X Jamul? Y/N

If no, please provide the name of church name where your child was baptized: _____
Is this a Catholic Church? Y/N

Name: _____ Gr. _____

Date of birth: _____ M ___ F ___

Was your child baptized at St. Pius X Jamul? Y/N

If no, please provide the name of church name where your child was baptized: _____
Is this a Catholic Church? Y/N

Does your child(ren) have any special health needs? Please explain: _____

Please provide a copy of your Child(ren)'s Sacramental Certificates
St. Pio X Oficina de Ministerio Catequético