

2023 - 2024
ST. PIUS X RELIGIOUS EDUCATION
REGISTRATION FORM

(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 the church, city and state 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 the church, city and state 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 the church, city and state 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 the church, city and state 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