

MATER CHRISTI
RELIGIOUS EDUCATION
FAMILY INFORMATION

Registered in Parish _____ Previous Parish _____
Parish Number _____

Mother's Name: _____ Father's Name: _____
First Last Maiden Last First

Address _____ Address _____
(If different from Student) (If different from Student)

E-Mail Address _____ E-Mail Address _____

Home Phone () _____ Religion _____ Home Phone () _____ Religion _____
Work Phone () _____ Work Phone () _____

Legal Guardian Information

Name _____
If parents are separated, divorced, or deceased, or if this child lives with someone other than the natural parents, or for any other special circumstances use this space to describe the situation.

NOTES

PLEASE TURN OVER

INDIVIDUAL PERMANENT RECORD

Name _____ Registration Date _____

Address	Birth Date:
City/State/Zip	Birthplace:
Phone ()	School Attending:
Parent's E-mail:	Permission to take pictures Y

SACRAMENTAL INFORMATION

Sacraments of Initiation

BAPTISM

Date _____ Parish _____ Address: City/State/Zip _____
 Certificate of Baptism Baptismal Certificate Seen

CONFIRMATION

Date _____ Parish _____ Address: City/State/Zip _____

FIRST EUCHARIST/COMMUNION

Date _____ Parish _____ Address: City/State/Zip _____

RECONCILIATION

Has been prepared Celebrated First Reconciliation

PRIOR RELIGIOUS EDUCATION RECORD

None

Transfer received from _____ Parish or School Name

Parish School

Parish Religious Education Program

Street _____

Home Catechesis

City/State/Zip _____

Diocese _____