

MATER CHRISTI RELIGIOUS EDUCATION

INDIVIDUAL PERMANENT RECORD FORM

Name _____ Registration Date _____

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

SACRAMENTAL INFORMATION

Sacraments of Initiation

BAPTISM Date: _____ Parish: _____ Address (City/State/Zip): _____

FIRST EUCHARIST/COMMUNION Date: _____ Parish: _____ Address (City/State/Zip): _____

RECONCILIATION Has been prepared? _____ Celebrated First Reconciliation? _____

CONFIRMATION Date: _____ Parish: _____ Address(City/State/Zip): _____

PRIOR RELIGIOUS EDUCATION RECORD

NONE__

Transfer received from:

Parish School__

Parish or School _____

Parish Religious Education Program__

Address _____

Home Catechists__

Diocese _____

MATER CHRISTI

RELIGIOUS EDUCATION

FAMILY INFORMATION

Registered in Parish---Y/N

Previous Parish _____

Parish Number _____

Mother's Name _____ Father's Name _____
(First) (Last) (Maiden) (First) (Last)

Address _____ Address _____
(If different from student) (If different from student)

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 their natural parents, or for any other special circumstances, please use this space to describe the situation.