

Registration Form Religious Education Program

St. Stephen First Martyr Catholic Church in Hinesville

Child's Name/Middle _____

Family Name (Last) Nombre _____

Date of Birth, Year and City: _____

Home Phones/cells:

Parents Name/Nombre de los padres: _____

Father's Religion _____

Mother's Religion _____

Address/Direcion _____

City: _____

Zip: _____

Parent email _____

School Presently attending and Grade: _____

Please note any special medical, family, or other circumstances that will be helpful to understanding your child/Condiciones Medicas _____

Sacraments received:

Baptism YES/NO Date: _____ Church: _____
Penance YES/NO Date: _____ Church: _____
First Communion YES/NO Date: _____ Church: _____
Confirmation YES/NO Date: _____ Church: _____

Religious Education: Is this the first time your child will be enrolled in Religious Education Program? YES/NO

Previous Religious Education Completed: circle the last grade:

N PK K 1 2 3 4 5 6 7 8

If you have more than one child in the program please list their information on addition paper.

If any of your Children have received Religious Education at another parish, please provide the name of the parish and the dates attended. (Records will be requested.)

Office USE ONLY

CLASS/GRADE placed in

Reason for placement (if necessary) _____

Fee PAID NOT PAID Circle one