

ST. ELIZABETH CATHOLIC CHURCH
2024 - 2025 Religious Education Registration

Please fill this form out completely.

Student's Name: _____ M/F _____
Last First

Address: _____ City _____ ST _____ Zip _____

Grade in school: _____ First Communion 1st yr _____ First Communion 2nd yr _____
(1st grade or older) (Must have completed 1st yr of instruction)

Other classes _____ Confirmation 1st Yr _____ Confirmation 2nd Yr _____
(3rd - 6th grade) (7th grade or older) (Must have completed 1st yr of instruction)

Emergency Contact: Name: _____ Phone: _____

Relationship _____ Health Issues: _____

Student lives with: Both Parents _____ Mother only _____ Father only _____ Other person _____

Student's Information

Birth Date: _____ Birth City, State: _____

Baptism Date: _____ Church of Baptism: _____

Address of Church: _____ City/ST/Zip: _____

Birth Certificate
 Baptism Certificate
 Required at registration if 1st yr or new

First Communion and Confirmation Certificate Required from parish received if new

Parents' Information

Mother's Name: _____ Father's Name: _____
Include Maiden Name

Address: _____ Address: _____

City/Zip: _____ City/Zip _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Date	Amt. Pd.	Note: