

ST. ELIZABETH CATHOLIC CHURCH  
2026-2027 Religious Education Registration

Returning  
 New Student

Please fill this form out completely.

Student's Name: \_\_\_\_\_ M/F \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Grade in school: \_\_\_\_\_ (entering 2026-2027)

- First Communion 1st Year (1st grade or older)  
 First Communion 2nd Year (Must have completed 1st yr of instruction)  
 Confirmation 1st Year (7th grade or older)  
 Confirmation 2nd Year (Must have completed 1st yr of instruction)  
 Faith Formation Grades 3-6

Birth Date: \_\_\_\_\_ Birth City, State: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Student lives with:  Both Parents /  Mother only /  Father only /  Other person \_\_\_\_\_

**Parents' Information**

Mother's Name: \_\_\_\_\_  
Include Maiden Name

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Health Issues: \_\_\_\_\_

Please submit these required documents if they are not already on file in church office:

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptism Certificate \_\_\_\_\_ First Communion

Date Amt. Pd. Note: