

St. Rose of Lima
Religious Education Registration
saintrosedre@gmail.com

Child's Name _____ Male/ Female
Child's Date of Birth _____ Phone _____
Father's Name _____
Mother's Name _____
Public School _____ Grade (in September) _____

Sacrament Information (Please provide a Baptismal Certificate)

Baptism _____ Yes _____ No
Eucharist _____ Yes _____ No

Mailing Address

Name _____
Address _____ Apt. Number _____
City _____ State _____ Zip Code _____

New Registration _____ Yes _____ No

Has child attended another Religious Ed. Program? _____ Yes _____ No

If yes, when, where, and what grades? _____

Reregistration _____ Yes _____ No

If Yes, last SRL Rel. Ed. Year _____ Grade _____

Emergency Contact Information

Name _____ Phone Number _____
Email _____

Additional Information- Allergies, Family situations, special needs, etc.

Office Use: _____ cash _____ check number