

St. Eulalia Parish – Religious Education Student Registration Form

Student Information

Name: _____

Address: _____

Home Phone: _____ Alt. Phone: _____

Email Address: _____ Alt. Email Address: _____

Birthdate (mm/dd/yy): _____ Grade (K-8): _____ Gender: Male Female

Public School Attending: _____

Has the student had prior religious education other than at St. Eulalia's? Yes* No

* If yes, please explain: _____

<i>Sacrament</i>	<i>Received? Yes/No</i>	<i>If yes, at which church?</i>	<i>Town, State of Church</i>
Baptism			
First Reconciliation			
First Holy Communion			

Family Information

Father's Name: _____

Mother's Maiden Name: _____

Parents are: married separated divorced widowed engaged committed other

Who is responsible for full-time care? _____

In case of an emergency in which the parents cannot be reached, please contact

Name: _____ Phone Number: _____

Student will regularly be dropped off/picked up by: _____

Are there any special learning needs of the student which should be communicated to the classroom teacher?
(ie hearing loss, reading levels, separation anxiety)

Is the student on any medication or are there health needs we should be aware of?