

# Church of Epiphany

## Religious Education Registration

Summer Program: \_\_\_\_\_ Fall Program: \_\_\_\_\_

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Family Last Name \_\_\_\_\_  
Family Address \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

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**1<sup>st</sup> Student Name:** \_\_\_\_\_  
**Sacrament Details: (Please make sure to give all dates)**  
**Baptism:** \_\_\_\_\_ **Eucharist:** \_\_\_\_\_ **Reconciliation:** \_\_\_\_\_  
**Grade in September:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Special Needs (Medical, Learning Disabilities, Allergies, etc.):**

Who is allowed to sign your child out of class? (No more than 2 people)

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**2<sup>nd</sup> Student Name:** \_\_\_\_\_  
**Sacrament Details: (Please make sure to give all dates)**  
**Baptism:** \_\_\_\_\_ **Eucharist:** \_\_\_\_\_ **Reconciliation:** \_\_\_\_\_  
**Grade in September:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Special Needs (Medical, Learning Disabilities, Allergies, etc.):**

Who is allowed to sign your child out of class? (No more than 2 people)

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**3<sup>rd</sup> Student Name:** \_\_\_\_\_  
**Sacrament Details: (Please make sure to give all dates)**  
**Baptism:** \_\_\_\_\_ **Eucharist:** \_\_\_\_\_ **Reconciliation:** \_\_\_\_\_  
**Grade in September:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Special Needs (Medical, Learning Disabilities, Allergies, etc.):**

Who is allowed to sign your child out of class? (No more than 2 people)

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**For Office Use Only:** Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_ (CK# \_\_\_\_\_)