

Church of Epiphany Religious Education Registration

Family Last Name: _____

Family Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Maiden Name: _____

1st Student: Summer Program: _____ Fall Program: _____

Student's Name: _____

Sacrament Details: (Please make sure to give date)

Baptism: _____ Eucharist: _____ Reconciliation: _____

Grade: _____ Date of Birth: _____

Special Needs (Medical, Learning Disabilities, Allergies, etc.): _____

Who is allowed to sign your child out of Religious Education? (no more than 2 people):

If your child is in 7th or 8th grade do you give him or her permission to sign themselves out of class weekly? Yes _____ No _____

Total Amount Due: \$ _____ Total Amount Paid: \$ _____ Cash: _____ Check: _____

Date Received: (Office of Faith Formation) _____

Church of Epiphany

Religious Education Registration

2nd Student: Summer Program: _____ Fall Program: _____

Student's Name: _____

Sacrament Details: (Please make sure to give date)

Baptism: _____ **Eucharist:** _____ **Reconciliation:** _____

Grade: _____ **Date of Birth:** _____

Special Needs (Medical, Learning Disabilities, Allergies, etc.): _____

Who is allowed to sign your child out of Religious Education? (no more than 2 people):

If your child is in 7th or 8th grade do you give him or her permission to sign themselves out of class weekly? Yes _____ No _____

3rd Student: Summer Program: _____ Fall Program: _____

Student's Name: _____

Sacrament Details: (Please make sure to give date)

Baptism: _____ **Eucharist:** _____ **Reconciliation:** _____

Grade: _____ **Date of Birth:** _____

Special Needs (Medical, Learning Disabilities, Allergies, etc.): _____

Who is allowed to sign your child out of Religious Education? (no more than 2 people):

If your child is in 7th or 8th grade do you give him or her permission to sign themselves out of class weekly? Yes _____ No _____