

Church of Epiphany
Religious Education Registration
2018-2019

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 aloud to sign your child out of Religious Education (no more then 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 _____

Date _____ Amount Paid _____
Check # _____ Cash _____

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Parent/Guardian Signature: _____

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 aloud to sign your child out of Religious Education (no more then 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 aloud to sign your child out of Religious Education (no more then 2 people):

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