

Church of Epiphany

Religious Education Registration

Summer Program: _____ Fall Program: _____

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: _____

1st 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)

2nd 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)

3rd 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)

For Office Use Only: Date: _____ Amount Paid: _____
Cash _____ Check _____ (CK# _____)