

HOLY ANGELS RELIGIOUS EDUCATION PROGRAM REGISTRATION

NAME _____ AGE _____ YEAR GRADE _____
LAST FIRST MI

ADDRESS _____
STREET MAILING

CITY _____ STATE _____ ZIP _____ PHONE _____ PHONE _____
HOME WORK

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____

SPECIAL NEEDS YOUR CHILD HAS: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SACRAMENTS RECEIVED: BAPTISM YEAR _____ CHURCH _____
 PENANCE YEAR _____ CHURCH _____
 COMMUNION YEAR _____ CHURCH _____
 CONFIRMATION YEAR _____ CHURCH _____

SACRAMENTS PREPARING FOR THIS YEAR: _____

FOR OFFICE USE ONLY: AMT DUE: AMT. PAID: BALANCE: