

**Saint Edward the Confessor Catholic Church**

RELIGIOUS EDUCATION  
Registration Form  
2010/2011 School Year

PARENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ARE YOU A REGISTERED MEMBER OF ST. EDWARD'S? \_\_\_\_\_

FIRST CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK CHILD'S LEVEL:

PRE SCHOOL \_\_\_\_\_ SUNDAY 9:30                      KINDERGARTEN \_\_\_\_\_ TUESDAY 4:15-5:30

RELIGIOUS EDUCATION LEVELS 1-5 (PLEASE INDICATE LEVEL 1, 2, 3, 4. or 5 AND SESSION)

\_\_\_\_\_ TUESDAY 4:15 - 5:30                      \_\_\_\_\_ WEDNESDAY 6:30-7:45

CONFIRMATION LEVELS 1-3 (PLEASE INDICATE LEVEL 1, 2 or 3): \_\_\_\_\_ TUESDAY 6:30-8:00

DATE OF BAPTISM: \_\_\_\_\_ DATE OF RECONCILIATION: \_\_\_\_\_

DATE OF EUCHARIST: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

SECOND CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK CHILD'S LEVEL:

PRE SCHOOL \_\_\_\_\_ SUNDAY 9:30                      KINDERGARTEN \_\_\_\_\_ TUESDAY 4:15-5:30

RELIGIOUS EDUCATION LEVELS 1-5 (PLEASE INDICATE LEVEL 1, 2, 3, 4. or 5 AND SESSION)

\_\_\_\_\_ TUESDAY 4:15 - 5:30                      \_\_\_\_\_ WEDNESDAY 6:30-7:45

CONFIRMATION LEVELS 1-3 (PLEASE INDICATE LEVEL 1, 2 or 3): \_\_\_\_\_ TUESDAY 6:30-8:00

DATE OF BAPTISM: \_\_\_\_\_ DATE OF RECONCILIATION: \_\_\_\_\_

DATE OF EUCHARIST: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

(Please turn over if you are registering more than 2 children)

THIRD CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK CHILD'S LEVEL:

PRE SCHOOL \_\_\_\_\_ SUNDAY 9:30                      KINDERGARTEN \_\_\_\_\_ TUESDAY 4:15-5:30

RELIGIOUS EDUCATION LEVELS 1-5 (PLEASE INDICATE LEVEL 1, 2, 3, 4. or 5 AND SESSION)

\_\_\_\_\_ TUESDAY 4:15 – 5:30                      \_\_\_\_\_ WEDNESDAY 6:30-7:45

CONFIRMATION LEVELS 1-3 (PLEASE INDICATE LEVEL 1, 2 or 3): \_\_\_\_\_ TUESDAY 6:30-8:00

DATE OF BAPTISM: \_\_\_\_\_ DATE OF RECONCILIATION: \_\_\_\_\_

DATE OF EUCHARIST: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

FOURTH CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK CHILD'S LEVEL:

PRE SCHOOL \_\_\_\_\_ SUNDAY 9:30                      KINDERGARTEN \_\_\_\_\_ TUESDAY 4:15-5:30

RELIGIOUS EDUCATION LEVELS 1-5 (PLEASE INDICATE LEVEL 1, 2, 3, 4. or 5 AND SESSION)

\_\_\_\_\_ TUESDAY 4:15 – 5:30                      \_\_\_\_\_ WEDNESDAY 6:30-7:45

CONFIRMATION LEVELS 1-3 (PLEASE INDICATE LEVEL 1, 2 or 3): \_\_\_\_\_ TUESDAY 6:30-8:00

DATE OF BAPTISM: \_\_\_\_\_ DATE OF RECONCILIATION: \_\_\_\_\_

DATE OF EUCHARIST: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

FIFTH CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK CHILD'S LEVEL:

PRE SCHOOL \_\_\_\_\_ SUNDAY 9:30                      KINDERGARTEN \_\_\_\_\_ TUESDAY 4:15-5:30

RELIGIOUS EDUCATION LEVELS 1-5 (PLEASE INDICATE LEVEL 1, 2, 3, 4. or 5 AND SESSION)

\_\_\_\_\_ TUESDAY 4:15 – 5:30                      \_\_\_\_\_ WEDNESDAY 6:30-7:45

CONFIRMATION LEVELS 1-3 (PLEASE INDICATE LEVEL 1, 2 or 3): \_\_\_\_\_ TUESDAY 6:30-8:00

DATE OF BAPTISM: \_\_\_\_\_ DATE OF RECONCILIATION: \_\_\_\_\_

DATE OF EUCHARIST: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?