

Saint Martin of Tours Catholic Church Religious Education Registration Form

Registration Fee \$20 per child
 How many children registered _____
 X \$20 per child Total Amount _____
 Date Paid _____
 Cash _____ or Check Number _____

Family Last Name _____
 Are you a registered member of St. Martin's Church ____ Yes ____ No

Student's Full Name	Date of Birth	Grade in School	Grades of Religious Ed. Completed Previously	Sacrament's Received			
				Baptism Date and Where if NOT at St. Martin	Reconciliation Date and Where if NOT at St. Martin	First Communion Date and Where if NOT at St. Martin	Confirmation Date and Where if NOT at St. Martin

Student(s) Information
 Address _____
 City _____
 Zip _____
 Home Phone _____

Father's (Guardian) Information
 Name _____
 Address if different from student.

 Home Phone if different from student

 Cell Phone _____
 Work Phone _____

Email Address to Contact Parent or Guardian

 This email account is check ____ Never
 ____ Occasionally ____ Regularly

Emergency Contact Other Than Parent
 Name _____
 Relationship to child _____
 Address _____
 City _____ Zip _____
 Home Phone _____
 Cell Phone _____

Do these students have any **special needs or allergies (including food allergies)?**
 Please list:

Parents, if you are interested in volunteering in any of the following areas please circle:

- Teacher
Teacher's Aide
Substitute
Teacher
Youth Ministry Volunteer

My child will participate in Wednesday Night Religious Education Classes this year. My child will arrive and be picked up on time. My child's picture can be taken and used for the directory and displays throughout the church areas.

Mother's (Guardian) Information
 Name _____
 (Maiden) _____
 Address if different from student.

 Home Phone if different from student

 Cell Phone _____
 Work Phone _____

Parent/Guardian Signature **Date**