

**CATECHETICAL MINISTRY OFFICE
RETURNING STUDENT / REGISTRATION FORM**

(PLEASE PRINT)

Parish # _____

Parent's names _____

Street address _____

City _____ Zip _____

Telephone: Home # _____ Work # _____
Mom's Cell # _____ Dad's Cell # _____
Email Address _____

PLEASE LIST NAMES AND GRADES OF STUDENTS: (add additional students on back)

1. _____
Last Name First Name Grade 10-11

Does this child have special learning or health needs? Yes _____ No _____

Please explain _____

What sacraments has this child celebrated?

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

If your child has been baptized, was Baptism in the Catholic Church? Yes _____ No _____

2. _____
Last Name First Name Grade 10-11

Does this child have special learning or health needs? Yes _____ No _____

Please explain _____

What sacraments has this child celebrated?

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

If your child has been baptized, was Baptism in the Catholic Church? Yes _____ No _____

3. _____
Last Name First Name Grade 10-11

Does this child have special learning or health needs? Yes _____ No _____

Please explain _____

What sacraments has this child celebrated?

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

If your child has been baptized, was Baptism in the Catholic Church? Yes _____ No _____

<u>CHECK SESSION NEEDED:</u> Kdg -- Jr. High sessions held on Sunday 8:00am _____ 10:00am _____ Either OK _____
<u>CONFIRMATION:</u> Sundays, 8:30am-9:15am Catechesis / 9:30am Liturgy with class.
<u>PRESCHOOL:</u> (4 yrs old by Nov.30 or 5yrs old & not in Kdg) sessions held in the nursery during the 9:30am & 11:30am masses.

PLEASE LIST ANY ADDITIONAL STUDENTS

4. _____ M__ F__ _____
Last Name First Name Grade 10-11

Date of Birth _____ Does this child have special learning or health needs _____

Please explain _____

What sacraments has this child celebrated?

Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

If your child has been baptized, was Baptism in the Catholic Church? Yes ____ No ____

5. _____ M__ F__ _____
Last Name First Name Grade 10-11

Date of Birth _____ Does this child have special learning or health needs _____

Please explain _____

What sacraments has this child celebrated?

Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

If your child has been baptized, was Baptism in the Catholic Church? Yes ____ No ____

6. _____ M__ F__ _____
Last Name First Name Grade 10-11

Date of Birth _____ Does this child have special learning or health needs _____

Please explain _____

What sacraments has this child celebrated?

Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

If your child has been baptized, was Baptism in the Catholic Church? Yes ____ No ____

7. _____ M__ F__ _____
Last Name First Name Grade 10-11

Date of Birth _____ Does this child have special learning or health needs _____

Please explain _____

What sacraments has this child celebrated?

Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

If your child has been baptized, was Baptism in the Catholic Church? Yes ____ No ____

For Office Use Only

Date _____ Baptism Certificate on File: Yes ____ No ____

Check# _____ Receipt# _____ Amount Paid _____

Pay Plan Yes ____ No ____ Pay Plan Balance _____