

FAMILY NAME \_\_\_\_\_  
Child's Last Name if Different \_\_\_\_\_

Date Paid \_\_\_\_\_  
Ck. # \_\_\_\_\_ Cash \_\_\_\_\_  
Reg. Int. \_\_\_\_\_

**EVENING RELIGIOUS EDUCATION 2011-12**

PARENTS: \_\_\_\_\_

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

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

\*\*EMAIL ADDRESS: \_\_\_\_\_ \*\*

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOMS CELL PHONE: \_\_\_\_\_ DADS CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARISH REGISTERED IN: \_\_\_\_\_

When sending mail, address to (circle one please):

Mr./Mrs.    Mr.    Mrs.    Ms.    Miss    Dr./Mrs.    Mr./Dr.    Other: \_\_\_\_\_

Mothers Religion \_\_\_\_\_ Fathers Religion \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

**STUDENT(S)**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE \_\_\_\_\_

School Attending \_\_\_\_\_ Previous Rel. Ed. Yes \_\_\_ No \_\_\_

Sacraments received:	Date received:	Church received:
Baptism	____/____/____	_____
Eucharist	____/____/____	_____
Reconciliation	____/____/____	_____
Confirmation	____/____/____	_____

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FAMILY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENT VOLUNTEER FORM**

**Parent Participation:** The quality of our program is directly related to the amount of parent support we receive. Please designate the area in which you would like to help:

\_\_\_\_\_ **Catechist** – using curriculum materials we provide, you instruct the children.

\_\_\_\_\_ **Assistant Catechist** – assists the catechist in the classroom – each class must have one.

\_\_\_\_\_ **Parent Support Group** – serve on our committee to plan and organize Community nights and special programs.

\_\_\_\_\_ **Hospitality** – serve on a committee to coordinate refreshments for special gatherings.

\_\_\_\_\_ **Door parents** – We need two parents each night children are assembled in Classroom setting to assure no student leaves building without an adult.

Sept. \_\_\_\_ Oct. \_\_\_\_ Nov. \_\_\_\_ Dec. \_\_\_\_  
Jan. \_\_\_\_ Feb. \_\_\_\_ March \_\_\_\_ April \_\_\_\_

**ALLERGY AND/OR SPECIAL NEEDS INFORMATION**

Please indicate any allergies your child has \_\_\_\_\_

\_\_\_\_\_

Please share your child's special needs with us \_\_\_\_\_

\_\_\_\_\_

Indicate if your child is on any medication that may cause side effects that we need to be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_