

**St. Sebastian
Religious Education Registration**

Check here if address has changed _____

Check here if phone number has changed _____

Family Name Home Phone Family E-Mail:

To whom and with what title should mail be addressed?

Address

Number Street City/State/Zip

In case of Emergency Contact:

Emergency Phone: Emergency Relationship:

Father's Name Religion: Occupation: Wk. Phone:

Mother's Name Religion: Occupation: Wk. Phone:

Name of the Parish where you are registered _____ Envelope number _____

Child's Name (last if different)	Gender	Birth Date	Grade in Sept.	School	Baptism Place/Date	First Eucharist Place/Date	Confirmation Place/Date

Please specify if child(ren) have any special needs such as medical/learning etc. Where did child(ren) participate in Religious Education last year if not at our Parish?

Please check All that apply

- 2 parents at home
- Mother Deceased
- Father Deceased
- Divorced/Separated
- Mom has remarried
- Child(ren) with Mom

- Dad has remarried
 - Child(ren) with Dad
 - Child(ren) with Adult other than parent
- Name and Religion of Step-Parent

Name and address if mail should also go to non-custodial Parent

Parent's Signature _____

Date _____