

2009 - 2010 SAINT GALL RELIGIOUS EDUCATION

Date: _____

CHILD'S FIRST & LAST NAME	DATE OF BIRTH	GRADE 2008-2009	SCHOOL	HAS THIS CHILD RECEIVED:			
				BAPTISM		EUCHARIST	
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO

IF WE DO NOT HAVE YOUR CHILD'S BAPTISMAL CERTIFICATE ON FILE, PLEASE INCLUDE A COPY WITH YOUR REGISTRATION FORM.

FOOD ALLERGIES: _____

FIRST & LAST NAME	RELIGION	OCCUPATION
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FATHER: _____

MOTHER: _____

HOME PHONE #: _____ EMAIL: _____

FATHER'S WORK #: _____ MOTHER'S WORK#: _____

FATHER'S CELL #: _____ MOTHER'S CELL #: _____

PLEASE MAIL ALL RELIGIOUS EDUCATION INFORMATION TO:

NAME	MAILING ADDRESS, CITY, STATE AND ZIP CODE
_____	_____
_____	_____

EMERGENCY CONTACT PERSON & PHONE #: _____
(OTHER THAN PARENT OR GUARDIAN)

AREAS OF PARENTAL INVOLVEMENT: TEACHER_____ ASSISTANT_____ FOOD PREP_____

SUBSTITUTE_____ CONFIRMATION SPONSOR_____ OTHER (SPECIFY)_____

PRE-CLASS SUPERVISION: MONDAY_____ TUESDAY_____ WEDNESDAY_____ THURSDAY_____