

# American Martyrs Church Religious Education

## REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_  
LAST FIRST

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

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_

**PLEASE CHECK OFF THE BOX IF YOUR INFORMATION HAS CHANGED**

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ SEX: \_\_\_\_\_

MOTHERS "MAIDEN" NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

GARDIAN (IF APPLICABLE): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

GRADE IN SEPTEMBER: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

### **SACRAMENT INFORMATION:**

BAPTISM DATE (MM/DD/YYYY): \_\_\_\_\_ PARISH: \_\_\_\_\_

HAS YOUR CHILD RECEIVED FIRST COMMUNION YES  NO

DATE (MM/DD/YYYY): \_\_\_\_\_ PARISH: \_\_\_\_\_

HAS YOUR CHILD RECEIVED FIRST PENANCE: YES  NO

DATE (MM/DD/YYYY): \_\_\_\_\_ PARISH: \_\_\_\_\_

SPECIAL NEEDS (LEARNING DISABILITIES): \_\_\_\_\_

SPECIAL MEDICAL NEEDS: \_\_\_\_\_

**PLEASE PROVIDE A SEPARATE FORM FOR EACH CHILD  
ATTENDING RELIGIOUS EDUCATION**