St Cecilia Parish

Religious Education Registration

2159 Hwy 195, Jasper, AL 35502

Term:

ILY INFORMAT	ION		
nily Last Name:		Date:	
Father's Name:			
Mother's Maiden:			
Home Phone:			
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:			
Class:	(Medical, Learning Disabilities, F	☐ Reconciliation Prep: ☐ Confirmation:	
Class: Special Needs DENT #2 INFOR	(Medical, Learning Disabilities, I	☐ Reconciliation Prep: ☐ Confirmation:	
Class: Special Needs DENT #2 INFOR Child Name:	(Medical, Learning Disabilities, F	☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc):	
Class: Special Needs DENT #2 INFOR Child Name:	(Medical, Learning Disabilities, F	☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc):	
Class: Special Needs DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities, F	Reconciliation Prep:Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, F MATION ☐ Male ☐ Female	Reconciliation Prep:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:	Yes / No Check & Date All Below
Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, F MATION □ Male □ Female	Reconciliation Prep:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:Eucharist:	Yes / No Check & Date All Below

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$______ Tuition PAID: \$______ Signature: _____

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Term:

Additional Students

		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
ENT #4 INFOR	MATION	Catholic?	Yes / No
	☐ Male ☐ Female	— <u>Sacrament Details</u>	Check & Date All Below
Birth Date:		☐ Baptism:	
Session:		Reconciliation Prep:	
Class:		Confirmation:	
Class: Special Needs ENT #5 INFOR	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc):	
Class: Special Needs ENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc): Catholic?	Yes / No
Class: Special Needs ENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION	Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION Male Female	Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below