

# SAINT JOHN BERCHMANS CATHOLIC CHURCH RELIGIOUS EDUCATION REGISTRATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MALE / FEMALE:

DATE OF BIRTH:

ADDRESS:

CITY / STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

FAMILY EMAIL:

ALLERGIES:

FATHER'S NAME:

MOTHER'S NAME:

CENSUS ID:

BAPTISM DATE:

BAPTISM CHURCH:

CERT. YES or NO:

1<sup>ST</sup> COMMUNION CHURCH DATE:

1<sup>ST</sup> COMMUNION CHURCH:

CERT. YES or NO:

SCHOOL YEAR: 2022-2023

SCHOOL:

SCHOOL GRADE:

RELIGION GRADE:

## *OFFICE USE ONLY*

AMOUNT PAID: \_\_\_\_\_

CASH or CHECK #: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_