



Does your child have any health/physical/emotional/mental or learning concerns we should know about?  
If so, please explain: \_\_\_\_\_

Allergies? \_\_\_\_\_

School your child will be attending in the fall: \_\_\_\_\_

Is there any other information about your child that will help us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Child's Place of Baptism \_\_\_\_\_

Date of Baptism \_\_\_\_\_

***A COPY OF THE BAPTISMAL CERTIFICATE IS REQUIRED IF NOT ON FILE IN THE RE OFFICE.***

Previous Religious Education      Where? \_\_\_\_\_      When? \_\_\_\_\_

Additional Sacraments Received:	Place	Date
Reconciliation:	_____	_____
Holy Eucharist:	_____	_____

**PARENT INFORMATION**

Please list the talents God has graced you with. \_\_\_\_\_  
\_\_\_\_\_

Would you consider donating some of your time to help with the Religious Education of the students by:

Teaching \_\_\_\_\_      Being an aide \_\_\_\_\_      Substitute \_\_\_\_\_

Helping in some other way? Please list what you would like to do. \_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_

Relationship to student \_\_\_\_\_      Date \_\_\_\_\_