ANNUNCIATION PARISH RELIGIOUS EDUCATION REGISTRATION – WAIMEA
2016-17

Please complete entire form and return to the parish or R.E. office ASAP.

New ☐ **Returning** ☐ **Home Phone**_____

E-mail _____

Emergency Contact (during class)_____ _____

Name **Phone**

Name of Child_____

Last **First** **Middle**

Home Address_____

Mailing Address (if different)_____

City/State _____ **Date of Birth** _____

Baptism-Date_____ **Church**_____**City/State**_____

Eucharist-Date_____ **Church**_____**City/State**_____

Previous R.E.- Date_____**Church**_____**City/State**_____

School (presently attending)_____**Grade**_____

Medical Information (Allergies, etc.)_____

Parents Registered in Parish? Yes____ No_____

Father_____

Last **First** **Middle**

Religion_____**Occupation**_____**Wk Phone**_____

Mother_____

Last **First** **Middle**

Religion_____**Occupation**_____**Wk Phone**_____

Other Children in Family

NAME	DATE OF BIRTH	BAPTISM	EUCHARIST	CONFIRMATION

To help defray costs of books/activities/snacks:

Donation **$20** ☐ **Other** ☐ _____ _____

Signature **Date**