St. Dominic's Religious Education

Last Name Child(ren) _____

Father _____ Mother _____

Religion _____ Religion _____

Home # _____ Home # _____

Work # _____ Work # _____

Marital Status: M S D RM Sep. Mother's Maiden _____

Registered with St. Dominic's Y / N Envelope # _____

Guardian's name and address if different from above: _____

_____

Home Address: _____

_____

E-Mail: _____

PARENTAL CONSENT

LIST THREE (3) ADULTS WITH **DIFFERENT** NUMBERS, WHO YOU AUTHORIZE TO PICK UP YOUR CHILDREN IN CASE OF EMERGENCY, IF YOU ARE NOT AVAILABLE.

Name: _____ Phone #: _____
Relation: _____

Name: _____ Phone #: _____
Relation: _____

Name: _____ Phone #: _____
Relation: _____

Please note if any of your children are allergic to, or need, any special medication:

Name of Child: _____

_____ _____
Signature of Parent or Guardian Date

STUDENT INFORMATION

1. Name _____ (First) _____ (Last)
Grade in Sept 2017 _____
Date of birth _____
Date of Baptism _____
Place of birth _____

Baptism: Name of church and address: _____

_____

2. Name _____ (First) _____ (Last)
Grade in Sept 2017 _____
Date of birth _____
Date of Baptism _____
Place of birth _____

Baptism: Name of church and address: _____

_____

3. Name _____ (First) _____ (Last)
Grade in Sept 2017 _____
Date of birth _____
Date of Baptism _____
Place of birth _____

Baptism: Name of church and address: _____

_____

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Name: _____ Was released to: _____

Date: _____ Time: _____ School official: _____

Location to which child was taken: _____

_____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Fees: $80 1S $90 2S $70 RE Total: _____

Date: _____ ck# _____ r# _____ bal. _____
_____ ck# _____ r# _____ bal. _____
_____ ck# _____ r# _____ bal. _____