

ST. ALOYSIUS CHURCH
RELIGIOUS EDUCATION
PROGRAM

MAIN CONTACT: _____
PHONE #: _____
EMERGENCY #: _____

[ONE CARD PER CHILD]

Child's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____

Child's Street Address _____ Town, State, Zip _____

(856) _____
Phone #: _____ School Child is Attending _____ Grade entering in Sept. Of the next school year _____

Father's Name: _____ Phone #: _____
e-mail address _____
Marital Status: Married _____ Sep./Div. _____ Deceased _____

Father's Address: _____

Mother's Name: _____ Phone #: _____
Maiden Last First Name e-mail address _____
Marital Status: Married _____ Sep./Div. _____ Deceased _____

Mother's Address: _____

EMERGENCY CONTACT (OTHER THAN PARENT)
NAME: _____ PHONE #: _____

Please list any religious education grades not completed by the child: _____

Please list any special needs that your child may have and briefly explain: _____

PLEASE NOTE: A COPY OF THE BAPTISMAL CERTIFICATE IS REQUIRED FOR ALL NEW STUDENTS UNLESS THEY WERE BAPTIZED HERE AT ST. ALOYSIUS CHURCH

Sacramental information

Baptism _____
Date Church City State

TODAY'S DATE _____ Amount Paid _____ Check #/Cash _____