

**ST. ELIZABETH CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
FAITH FORMATION CLASSES & CONFIRMATION
2018-2019 SCHOOL YEAR**

PLEASE PRINT ALL INFORMATION: ALL INFORMATION IS CONFIDENTIAL

FAMILY LAST NAME: _____ **Registered in Parish:** Yes No

PRIMARY EMAIL ADDRESS: _____
(E-Mail address checked most often)

FATHER _____
Address _____
City/State/Zip _____
Home E-Mail Address _____
Work E-Mail Address _____
Phone _____ (home) _____ (work) _____ (cell)
Religion _____

MOTHER _____
Address _____
City/State/Zip _____
Home E-Mail Address _____
Work E-Mail Address _____
Phone _____ (home) _____ (work) _____ (cell)
Religion _____

Parents are:

- ___ married
- ___ divorced
- ___ separated
- ___ remarried
- ___ widowed

Child/ren lives with:

- ___ both parents
- ___ father
- ___ mother
- ___ guardian

Time & Talent (please consider volunteering)

- ___ RE Teacher (*grade preferred* _____)
- ___ RE Aide (*grade preferred* _____)
- ___ Substitute Catechist/Aide
- ___ Assist with Wednesday pizza
- ___ Assist with High School ministry
- ___ Assist with and chaperone fun travel events
- ___ Assist with and chaperone ministry events
- ___ Children's Liturgy of the Word Leader
- ___ Childcare volunteer (*for teachers*)

Preferred parent/method of contact? _____

Cell Phone Number _____

Email Address _____ (is this checked regularly?)

Any medical conditions and or allergies that we should be aware of for your child/children.

PLEASE CONTINUE ON TO NEXT PAGE

