ST. ELIZABETH CATHOLIC CHURCH RELIGIOUS EDUCATION REGISTRATION FORM FAITH FORMATION CLASSES & CONFIRMATION 2021 - 2022 SCHOOL YEAR

PLEASE PRINT ALL INFORMATION: INFORMATION IS CONFIDENTIAL

PRIMARY EMAIL ADDRESS:	
FATHER	MOTHER
Address	Address
City/State/Zip	City/State/Zip
Home E-Mail Address	Home E-Mail Address
Work E-Mail Address	Work E-Mail Address
Phone (home) (work) (cell)	Phone
(home) (work) (cell)	(home) (work) (cell)
Religion	Religion
Parents are:marriedboth parentsdivorcedfather	Time & Talent (please consider volunteering) RE Teacher (grade preferred) RE Aide (grade preferred)
separated mother	KL Alde (grade prejerred) Substitute Catechist/Aide
remarried guardian	Assist with Wednesday pizza
widowed	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
Preferred parent/method of contact?	Childcare volunteer (for teachers)
Confirmation Student's cell phone number	
Confirmation Student's email address	

Rev 7/2017

ST. ELIZABETH'S CATHOLIC CHURCH

207 North Main Street, P.O. Box 307 Dilworth, MN 56529 218-287-2705

FAMILY INFORMATION 2021-2022

Please provide the following information:

FAMILY LAST NAME		
Father Mother		
Student's Name	Birth Date Grade	
1		
Check if received: If baptized at another Eucharist church, please list Reconciliate Confirmation Confirmati	ation	
2		
Check if received: Baptism If baptized at another Eucharis church, please list Reconcil where Confirm	it liation	
3		
Check if received:Baptism If baptized at anotherEucharist church, please listReconcil whereConfirmate	t iation	
4.		
Check if received: Baptism If baptized at another Eucharis church, please list Reconci where. Confirm	st liation	
5.		
Check if received: Baptism If baptized at another Eucharis church, please list Reconcil where Confirm	t liation	