

**ST. ELIZABETH CATHOLIC CHURCH  
RELIGIOUS EDUCATION REGISTRATION FORM  
FAITH FORMATION CLASSES & CONFIRMATION  
2023 – 2024 SCHOOL YEAR**

**PLEASE PRINT ALL INFORMATION: INFORMATION IS CONFIDENTIAL**

**FAMILY LAST NAME:** \_\_\_\_\_ **Registered in Parish:** Yes  No

**PRIMARY EMAIL ADDRESS:** \_\_\_\_\_  
(email 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?** \_\_\_\_\_

Confirmation Student’s cell phone number \_\_\_\_\_

Confirmation Student’s email address \_\_\_\_\_ (is this checked regularly?)

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

\_\_\_\_\_  
 \_\_\_\_\_

**PLEASE TURN PAGE OVER TO COMPLETE**