2017-2018 RELIGIOUS EDUCATION REGISTRATION FORM

Family Name: _____ E-Mail Contact: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Religion: _____ Cell Phone: _____

Mother's Name (including Maiden): _____ Religion: _____ Cell Phone: _____

Name of Home Parish: _____

Emergency Contact Name/Relationship: _____ Phone: _____

Materials Fee: $20.00 for one child, $30.00 for two children, $35.00 for three or more children. Amount enclosed with registration: $ _____

Please send a check made payable to *Most Holy Name of Jesus Parish* and return this form to:
Religious Education Office Most Holy Name of Jesus Parish 1700 Harpster Street Pittsburgh, PA 15212

Please list the names(s) of children attending RE class (oldest to youngest):

Child's Name	Birthdate	Male/ Female	Grade in Sept. '17	School Attending	Date & location of Baptism*	Date and location of First Communion	Date and location of Confirmation	Medical Concerns or Allergies	Educational Concerns or Needs

***All students who are new to our RE program** MUST have a copy of their baptismal certificate included with this form.*