

2018-2019 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

Child's Name	Birthdate	Male/ Female	Grade in Sept. '18	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

Please list the names(s) of children attending RE class (oldest to youngest):
**All students who are new to our RE program MUST have a copy of their baptismal certificate included with this form.*