

**ST. ROSE OF LIMA RELIGIOUS EDUCATION  
FAMILY REGISTRATION  
2016-2017**

Family Name \_\_\_\_\_

**2016-17 Rel. Ed. Fees**

Are you registered at St. Rose of Lima Parish? \_\_\_\_ yes \_\_\_\_ no

1 child \$25

2 children \$40

3 children \$55

4 or more \$65

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address of Parent(s)/Guardian(s)

Phone Number of Parent(s)/Guardian(s)

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

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency \_\_\_\_\_  
Email \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade (Fall '16) \_\_\_\_\_

Sacraments Received (indicate year)

Baptism \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Special Needs/Other information about your child:  
child:

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade (Fall '16) \_\_\_\_\_

Sacraments Received (indicate year)

Baptism \_\_\_\_\_

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Special Needs/Other information about your  
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Date of Birth \_\_\_\_\_

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Special Needs/Other Information about your child:  
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Grade (Fall '16) \_\_\_\_\_

Sacraments received (indicate year)

Baptism \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Special Needs/Other Information about your  
child:

**VOLUNTEERS NEEDED!**

Religious Education Teacher \_\_\_\_\_

Mardi Gras Committee \_\_\_\_\_

Blessing Basket Comm. \_\_\_\_\_

Teacher Aide \_\_\_\_\_

Vacation Bible School \_\_\_\_\_

Christmas Program Comm. \_\_\_\_\_

Religious Ed Support Team (REST) \_\_\_\_\_

Youth Group Help \_\_\_\_\_

Bill in September \_\_\_\_\_

Payment Enclosed \_\_\_\_\_

Make checks payable to St. Rose Church