

**ST. ROSE OF LIMA RELIGIOUS EDUCATION  
FAMILY REGISTRATION  
2017-2018**

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

**2017-18 Rel. Ed. Fees**

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

1 child \$30

2 children \$45

3 children \$60

4 or more \$70

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 '17) \_\_\_\_\_

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 '17) \_\_\_\_\_

Sacraments Received (indicate year)

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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