

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.*