

Basilica of San Albino
Religious Education Program
Pre-Kindergarten – Confirmation
2010-2011 EARLY-Registration Form

Safe Environment EA__ UA__ Present__

Child's Name: _____ Date of Birth: _____ Age: _____
 Grade in School _____ School _____ Grade in Religious Education Program _____

Class size will be limited and filled on a first come, first served basis.
 Sun., 9:15 am-10:30 am _____ Wed., 7 pm-8:30 pm _____
 (Pre-K-Grade 9) (Pre-Conf- Conf.)

Sacramental Information

Sacrament	Received Yes/No	Year	Location
Baptism			
First Reconciliation			
First Eucharist			
Confirmation			

Year started in Basilica of San Albino Religious Education Program _____ Grade levels completed _____
 Has child ever attended another Religious Education Program? _____ If yes, where? _____

Registered in Basilica of San Albino Church? Yes _____ No _____ What Mass do you and your family regularly attend? _____
 Registered in another parish? Yes _____ No _____ If yes, what parish? _____

Child's 1st language: _____ Language spoken at home: _____ Child's preferred language: _____
 When did child begin to learn 2nd language? _____ Parent's preferred language: _____

Child resides with: Father & Mother _____ Father _____ Mother _____ Share _____ Other _____

Father's Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Email address: _____

Mother's Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Email address: _____

Please list all other children who live in your home at this time: *(Please use another page for any additional children.)*

Name	Date of Birth	Age	Grade	Baptized Yes or No	1 st Communion Yes or No	Registered Yes or No

In case of emergency and parent/guardian cannot be reached, contact: _____
 Relationship to child: _____ Phone: _____ Cell: _____

I/We want our child(ren) to participate in the parish Religious Education Program and agree to abide by program policies. In the event of illness or accident in the course of a church activity, I/we request that measures dictated by the judgment of medical personnel be instituted without delay to any child listed above.

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

