

**St. Katharine Drexel Parish
Religious Education Program
250 James St., Burlington, NJ 08016
609-386-1645, ext 215
Registration for 2018-2019**

Rec'd _____
Ck # _____
Cash _____ Rcpt _____
Database _____
Spreadsheet _____

Please print or type all information below.

Student Name _____ Male/Female
Last First Middle (Circle One)

Address _____
Street Town State Zip

Home Phone (_____) _____ Birth Date _____ Grade _____
in Sept., 2018

Please circle: Monday (6:00 – 7:15 pm) or Wednesday (5:45 – 7:00 pm)

School Attending _____
Name City/State

Previous Religious Educator _____
Parish/School City/State

Sacramental Record

Was your child baptized within St. Katharine Drexel Parish? **Yes / No** (Circle one)
 If not, please include a copy of their baptismal certificate.

	Date	Church	City/State
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____

*Other Baptized in another denomination
 Profession of Faith

Parish of Registration

Is the family registered at St. Katharine Drexel Parish? **Yes / No** (Circle One)

If "No", please list the parish the family is registered in. _____
Parish Name

City/State

Does the family attend Mass regularly? **Yes / No** (Circle One)

Signature of the Pastor of your home parish _____
If you are not parishioners of St. Katharine Drexel Parish

Parent/Legal Guardian Signature _____ Date _____

Please complete the reverse side also.

Family Information

Parents are: (Circle one) **Married** **Single** **Separated** **Divorced**

Mother's Name _____

Home Phone _____

Maiden Name _____

Cell Phone _____

Address _____

Email _____

Religion _____

Birth Date ____/____/____

Father's Name _____

Home Phone _____

Address _____

Cell Phone _____

Email _____

Birth Date ____/____/____

Religion _____

Legal Guardian _____ Parents(s) _____ Other

If Other

Name _____

Home Phone _____

Address _____

Cell Phone _____

Email _____

Relation _____

Religion _____

Emergency Contact 1

Emergency Contact 2

Name _____

Name _____

Relation _____

Relation _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Does your child have any learning needs? Please include a copy of their IEP if applicable.

_____ Learning disability – Classification _____

_____ Other – Please explain _____

Does your child have any medical needs or conditions? Please list any allergies.

Are there any custody issues? If yes, please explain.

Promotional Release

I also consent to the use of videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature _____ Date _____