

St. Clement Religious Education

Registration Form

2014 -2015

New Registration* _____

Returning Student _____

***New students must provide a copy of Baptismal and Communion records.**

STUDENT'S NAME _____

ADDRESS _____ CITY _____

TELEPHONE NUMBER (Home) _____ (Cell) _____

Date of Birth _____ Entering Grade in September _____

Name of School _____

Date of Baptism and Church _____

Date of First Communion and Church _____

Father's Name _____ Religion _____

Address _____ City: _____ Zip Code: _____

Mother's Name _____ Religion _____

Address _____ City: _____ Zip Code: _____

Email address: _____

Mailing Address (if different from above) _____

Additional Siblings Attending Religious Education? – Please list name and Grade

Would you like to be a volunteer _____ or teacher _____ ?

Registration Fee _____ Date _____