

St. Julia Church—Religious Education Registration Form

Family Last Name _____ Home Phon# _____																			
Address _____		E-mail: _____																	
City, State & Zip _____		Parent Sacrament information If received, enter "X" <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Baptism</th> <th style="text-align: center;">Recon.</th> <th style="text-align: center;">Eucharist</th> <th style="text-align: center;">Confirmation</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Baptism	Recon.	Eucharist	Confirmation												
Baptism	Recon.			Eucharist	Confirmation														
Mother's First & Maiden Name _____	Religion _____	Parish/Church _____																	
Father's First & Last Name _____	Religion _____	Parish/Church _____																	
_____	_____	_____																	

Student(s) Registering					Sacrament Information			
					If received please enter date received			
Last Name	First Name	Birthday Mo/Day/Yr	Grade	School				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				

Emergency Contact		
Name _____	Phone _____	How Related _____
Name _____	Phone _____	How Related _____

Child(ren) live(s) with: Both Parents _____		Mother Custody: 100% _____ 50% _____		Father Custody: 100% _____ 50% _____	
If children do not live with both parents, does the non-custodial parent have permission to pick up the child from class? Yes ___ No ___			Should the non-custodial parent be kept informed of all activities of the Religious Education Program? Yes ___ No ___ (if Yes, provide address)		
**** Enclose \$25 for one child, \$45 for two children or \$50 for three or more					

Please detail any special information or health problems regarding each of the students registering below. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc). **This information will be kept strictly confidential; it is for Religious Education only.**

If child is not baptized at this parish, please provide a copy of the Baptismal Certificate.

Student's Name: _____

Allergies: _____

Physical needs _____
that impact learning:

Special Learning needs: _____

Medications child takes: _____

Student's Name: _____

Allergies: _____

Physical needs _____
that impact learning:

Special Learning needs: _____

Medications child takes: _____

Student's Name: _____

Allergies: _____

Physical needs _____
that impact learning:

Special Learning needs: _____

Medications child takes: _____

**Mail completed form and payment to:
St. Julia Church, 638 Roslyn Ave., Erie, PA 16505 or drop in the collection basket.**