

ST. MAXIMILIAN KOLBE PARISH RELIGIOUS EDUCATION PROGRAM

(Please fill out one paper per child)

Date of Registration: ___/___/___

A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE MUST BE ATTACHED TO THE REGISTRATION FORM IF YOUR CHILD WAS NOT BAPTIZED HERE AT THE CHURCH OF THE RESURRECTION.

CHILD'S NAME: _____ BIRTH DATE: ___/___/___
(last) (first) (middle)

LAST NAME OF PARENT IF DIFFERENT THAN CHILD'S: _____ CITY OF BIRTH: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ PARENT WORK PHONE: _____

FATHER'S NAME: _____ RELIGION: _____
(LAST) (FIRST)

MOTHER'S NAME: _____ RELIGION: _____
(LAST) (MAIDEN) (FIRST)

SACRAMENT INFORMATION

CHILD'S BAPTISMAL DATE: ___/___/___ CHURCH: _____
ADDRESS OF CHURCH: _____
(STREET) (CITY) (STATE) (ZIP)

PENANCE DATE: ___/___/___ CHURCH: _____

COMMUNION DATE: ___/___/___ CHURCH: _____

CONFIRMATION DATE: ___/___/___ CHURCH: _____

TRANSFORMATION INFORMATION

PREVIOUS PARISH WHICH CHILD ATTENDED: _____ LEVEL: _____ YEAR: _____

ADDRESS: _____

(Please turn to other side)

