

# St. Madeleine's Religious Education Registration

Please return a separate form for each child with the tuition to the main CHURCH OFFICE

Tuition: \$25.00 per child or \$75 for three or more children. Additional donations are always appreciated.

Please speak with Sussette Webster or Father Sebastian if circumstances necessitate any financial assistance.

Child's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade as of September: \_\_\_\_\_

Mass time most frequented:

Saturday Evening 5pm: \_\_\_\_\_ Sunday 7:30am: \_\_\_\_\_ Sunday 11:30am: \_\_\_\_\_

Any Special Medical or Educational Needs: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Sacraments Received to Date

Baptism: (y/n) \_\_\_\_\_ Date: \_\_\_\_\_ Church and Location: \_\_\_\_\_

Priest: \_\_\_\_\_ Godfather: \_\_\_\_\_ Godmother: \_\_\_\_\_

\*Please provide a copy of Baptismal Certificate

Reconciliation: (y/n) \_\_\_\_\_ Date: \_\_\_\_\_ Church and Location: \_\_\_\_\_

First Communion: (y/n) \_\_\_\_\_ Date: \_\_\_\_\_ Church and Location: \_\_\_\_\_

Confirmation: (y/n) \_\_\_\_\_ Date: \_\_\_\_\_ Church and Location: \_\_\_\_\_

Questions or concerns: \_\_\_\_\_