

**St. Irenaeus Religious Education Program**

**Student Registration Form**

<b>Date Received:</b>	
<b>Payment Received:</b>	
<b>Check Number:</b>	
<b>Database Entry Date:</b>	

**FAMILY INFORMATION:**

Family Last Name \_\_\_\_\_ Head of Household \_\_\_\_\_ Religion \_\_\_\_\_

Spouse Last Name \_\_\_\_\_ Spouse First Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Parish Where Registered \_\_\_\_\_

**CONTACT INFORMATION:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones (in order of preference – please circle the appropriate information):

\_\_\_\_\_ Home Cell Work Mom Dad  
 \_\_\_\_\_ Home Cell Work Mom Dad  
 \_\_\_\_\_ Home Cell Work Mom Dad  
 \_\_\_\_\_ Home Cell Work Mom Dad

Email address: \_\_\_\_\_ Prefer email? Yes No

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Place of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church Where Baptized: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Home Cell Work Mom Dad  
 \_\_\_\_\_ Home Cell Work Mom Dad  
 \_\_\_\_\_ Home Cell Work Mom Dad

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_