

Our Lady of Guadalupe

Religious Education Registration

1003 North 6th St., Carrizo Springs, Texas 78834

Term: _____

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
 Father's Name: _____ Father's Cell / Work: _____
 Mother's Name: _____ Mother's Cell / Work: _____
 Mother's Maiden: _____ Email Address: _____
 Home Phone: _____ **Emergency Contact:** _____
 Home Address: _____ Emergency Phone: _____
 City, ST Postal _____ Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name _____ **Catholic?** Yes / No
 Gender: Male / Female **Sacrament Details** Check & Date All Below
 Birth Date: _____ Baptism: _____
 Grade: _____ Eucharist: _____
 Session: _____ Penance: _____
 Class: _____ Confirmation: _____
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name _____ **Catholic?** Yes / No
 Gender: Male / Female **Sacrament Details** Check & Date All Below
 Birth Date: _____ Baptism: _____
 Grade: _____ Eucharist: _____
 Session: _____ Penance: _____
 Class: _____ Confirmation: _____
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition
DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____