

**Blessed Sacrament Catholic Church**  
**Religious Education Program**  
**Registration form for Holy Communion**  
**(956) 722-1231 ext. 21**  
 20\_\_\_\_\_ to 20\_\_\_\_\_

|   |
|---|
| <input type="checkbox"/> FIRST YEAR                       |
| <input type="checkbox"/> SECOND YEAR (20_____ to 20_____) |
| <input type="checkbox"/> Child Envelope #                 |
| <input type="checkbox"/> Family Envelope #                |

**Name:** \_\_\_\_\_ (Exactly as Baptism Certificate)  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ (must be 7 years old as of September 1<sup>st</sup>)  
**Place of Birth:** \_\_\_\_\_  
**Grade for 2020:** \_\_\_\_\_ **Grade for 2021:** \_\_\_\_\_

**Parent's Information:**

**Father's Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**Mother's Maiden Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Does student have a medical or learning disability? YES \_\_\_ NO \_\_\_ **List:** \_\_\_\_\_  
 Any known Allergies: \_\_\_\_\_

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**SACRAMENT INFORMATION:**

| Sacrament | Date Received | Church | City & State |
|-----------|---------------|--------|--------------|
| Baptism   |               |        |              |

\_\_\_\_\_ Child pending Baptism

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Should we need to initiate classes online does your child have access to:

**A:** computer/laptop    tablet    smartphone

**B: Internet at home:**    Yes    No

Please provide e-mail address: \_\_\_\_\_

Does this e-mail belong to parent:    Yes    No

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Catechist Information:** 1<sup>st</sup> Yr. \_\_\_\_\_ 2<sup>nd</sup> Yr. \_\_\_\_\_

**Registration Date:** \_\_\_\_\_