

PLEASE PRINT

2011-2012

Most Holy Redeemer Parish
9536 South Millard
Evergreen Park, IL 60805
School of Religion Registration

Family _____ Address _____ Home Phone _____
Last Name

Mother Cell Phone _____ Father Cell Phone _____

Email address _____

Mother _____ Religion _____
Last Name First Maiden

Father _____ Religion _____
Last Name First

Emergency Name _____ Phone _____

May we notify you and send newsletters by email: Yes _____ No _____

Registered Members of Parish: Yes _____ No _____

PLEASE CIRCLE WHERE APPLICABLE

Student(s) Lives With: Mother & Father Mother Father Mother & Step-Father Father & Step-Mother
(Please complete other side)

When additional information becomes available about your child's health, please inform us immediately.

If any child has a reading, sight, hearing, coordination, allergy, learning or behavioral disability, handicap, illness that we should be aware of, or is receiving any special services in school, please indicate below so that we can be attentive to these needs. Information supplied to the School of Religion is kept confidential.

PLEASE COMPLETE THE FOLLOWING

Student's name	Grade level	School	List any special needs of child	Medication child is taking	Birthdate City/State	*Baptism Date/Church City/State	Reconciliation Date/Church City/State	Eucharist Date/Church City/State

***If child was not baptized at Most Holy Redeemer, please attach a copy of baptismal certificate**

COMMENTS: