

**St. Colman's Sunday Religious Education Program Registration Form**

Student's Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_

*Day*

*Evening*

Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

---

**Following Information Needed for New Students Only**

Has your child attended religion class (either CCD or Catholic School)? \_\_\_\_\_

If so, what Parish? \_\_\_\_\_ Grades Attended \_\_\_\_\_

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

Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Town, State \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_ Town, State \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Town, State \_\_\_\_\_

**Parent/Guardian Information**

Mother \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Father \_\_\_\_\_

---

**Volunteer Children Ministries**

Please check off all ministries that your child may be interested in.

Altar Server\* \_\_\_\_\_ Greeter\* \_\_\_\_\_

Children's Choir \_\_\_\_\_ Lenten Family Gathering \_\_\_\_\_

Liturgy Planning\* \_\_\_\_\_ Hospitalities \_\_\_\_\_

Lector\* \_\_\_\_\_

*\* Training or Workshops provided*

**Parent Volunteers**

Hospitality \_\_\_\_\_ Lenten Family Gathering \_\_\_\_\_

Hall Monitor \_\_\_\_\_ Teacher's Aid (6x's in yr) \_\_\_\_\_

*To afford each child a comfortable classroom experience, I am asking parents to inform me personally if your child has a special need (medical/academic).*

**Is there anything you would like to tell us about your child that would be helpful for the teacher to know? (If so, please write on back of this page or see me personally.)**