

REGISTRATION FORM

ST GABRIEL RELIGIOUS EDUCATION PROGRAM

GRADE 1-8

CHILD'S NAME: _____

(If more than one you may list names and grades on the back.)

Child's grade as of Sept. 1: (circle one) 1 2 3 4 5 6 7 8

Address: _____

City & Zip code: _____

Home number _____ **E-mail:** _____

Cell number _____

Name of Parent(s) _____

What parish are you registered in? _____

What Mass does your family normally attend? (time,place) _____

Any special education needs that your child has? _____

Sacramental Needs: (circle answer)

- | | | |
|---|-----|----|
| 1. Has this child been baptized a Catholic? | YES | NO |
| 2. Has this child made First Communion? | YES | NO |