

ST. LANDRY CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____

*DATE OF BAPTISM: _____

(Please include a copy of Baptism Certificate if NOT BAPTIZED @ ST. Landry Church)

CHURCH OF BAPTISM: _____

DATE OF 1ST HOLY COMMUNION: _____

CHURCH OF 1ST COMMUNION: _____

SCHOOL PRESENTLY ATTENDING: _____

GRADE LEVEL FOR YEAR 2019-2020: _____

FATHER'S FULL NAME: _____

FATHER'S RELIGION: _____

MOTHER'S FULL NAME: (W/ Maiden) _____

MOTHER'S RELIGION: _____

STUDENT LIVES W/: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

IF "OTHER" CHECKED OFF, WITH WHOM: _____

ADDRESS: _____

EMAIL: _____

PHONES:

STUDENT CELL: _____

MOTHER CELL: _____ WORK: _____

FATHER CELL: _____ WORK: _____

HOME: _____ EMERGENCY: _____