

Queen of Angels Parish
Religious Education Registration
 2569 Victoria Dr, Alpine, CA 91901

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above: _____

Email: _____

Home Address: _____

Both Parents Catholic? Y ___ N ___

| | | | | | | |
|-------|-----------|-----|-------|---------|------|-------|
| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Sacrament and Date: | Baptism | Catholic? | Eucharist | Penance | Confirmation |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Special Needs: medical, learning disabilities, physical disabilities: _____

| | | | | | | |
|-------|-----------|-----|-------|---------|------|-------|
| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Sacrament and Date: | Baptism | Catholic? | Eucharist | Penance | Confirmation |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Special Needs: medical, learning disabilities, physical disabilities: _____

| | | | | | | |
|-------|-----------|-----|-------|---------|------|-------|
| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Sacrament and Date: | Baptism | Catholic? | Eucharist | Penance | Confirmation |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Special Needs: medical, learning disabilities, physical disabilities: _____

| | | | | | | |
|-------|-----------|-----|-------|---------|------|-------|
| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|

| | | | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Sacrament and Date: | Baptism | Catholic? | Eucharist | Penance | Confirmation |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____