

Holy Name of Jesus
Religious Education Registration
 1950 Barnum Ave, Stratford, CT 06614

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 ___ ___

Child	Birthdate	Sex	Grade Session	Room Class
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Sacrament and Date: Baptism *Catholic?* _____ Eucharist _____ Penance _____ Confirmation _____

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

Child	Birthdate	Sex	Grade Session	Room Class
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Sacrament and Date: Baptism *Catholic?* _____ Eucharist _____ Penance _____ Confirmation _____
 fl _____

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

Child	Birthdate	Sex	Grade Session	Room Class
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Sacrament and Date: Baptism *Catholic?* _____ Eucharist _____ Penance _____ Confirmation _____

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: _____