

◆ ST. PIUS X & VISITATION CHURCHES ◆

Pennsylvania Charitable Trusts

740 Walnut Street

Mt. Pleasant, PA 15666

724 ◆ 547 ◆ 1911

RELIGIOUS EDUCATION PROGRAM

REGISTRATION FORM (Please print)

Family Information

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Our family is registered at \_\_\_\_\_ Visitation Church \_\_\_\_\_ St. Pius X Church

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

(Please print clearly.)

To receive notices, reminders and cancellations

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

(Please print clearly.)

To receive notices, reminders and cancellations

Attended Religious Education last year \_\_\_\_\_ Where? \_\_\_\_\_

Student/s Information (Include last name if different from family name.)

Sacramental Record

Name	Date of Birth	Grade	Sacraments Received (indicate with a ✓)			
			Baptism	Reconciliation	Eucharist	Confirmation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

In case of emergency, contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special circumstances (health, learning, family) that the Religious Education Staff should know.

\_\_\_\_\_  
\_\_\_\_\_

Who will normally bring and pick up your child for religious education?

\_\_\_\_\_

I grant permission to publish a photograph of my child on Diocesan/Parish websites (including group photos).

Please initial – Y \_\_\_\_\_ N \_\_\_\_\_

Registration fee is \$20 per family.

\_\_\_\_\_ Paid

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

Check number \_\_\_\_\_