

◆ 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 _____

Mother's Name _____ Religion _____

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 _____