



Our Lady Star of the Sea Catholic Church
Religious Education 2019-2020

FAMILY INFORMATION

FAMILY's LAST NAME: _____

Father's Name _____ **Phone** _____ **Email** _____

Mother's Name _____ **Phone** _____ **Email** _____

Address _____

Emergency Contact _____ **Phone** _____

STUDENT INFORMATION

| CHILD'S NAME | DATE OF BIRTH | GRADE | ALLERGIES MEDICAL | | Baptism Date/Place | First Holy Communion Date/Place |
|--------------|---------------|-------|----------------------|--|-----------------------|---------------------------------------|
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****Please provide your child's Baptism and First Holy Communion certificate(s) if participating in a sacrament class.**

Signature

Date

OFFICE INFORMATION

| Payment Method/Check # | Amount | Staff |
|------------------------|--------|-------|
| | | |