



The Holy Name of Jesus - Religious Education Registration 909-793-2469 X21  
115 W. Olive Avenue/1214 Columbia Street- Redlands

Today's date \_\_\_\_\_ Family Last Name \_\_\_\_\_ Home phone number \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Email \_\_\_\_\_ Custodial Parent, if different from above \_\_\_\_\_ Phone \_\_\_\_\_

Registered at this church YES NO If NO, state name of parish and city last registered \_\_\_\_\_

**\*COPY OF BAPTISM CERTIFICATE REQUIRED FOR EACH STUDENT (see bottom of form for note)**

CHILD	BIRTHDATE	SEX	GRADE in September	Day/Time	Program Name
_____	_____	_____	_____	_____	_____

SACRAMENT : BAPTISM Baptism Religion EUCHARIST PENANCE CONFIRMATION

Check if Yes with Date/Year of Sacrament  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Church of Baptism: Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Program Requested and TUITION DUE FOR THIS CHILD: \_\_\_\_\_

CHILD	BIRTHDATE	SEX	GRADE in September	Day/Time	Program Name
_____	_____	_____	_____	_____	_____

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Church of Baptism: Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Program Requested and TUITION DUE FOR THIS CHILD: \_\_\_\_\_

**\*Note: If any of your children were baptized outside of this parish and you have not already supplied us with a copy of your child's baptismal record, you will need to supply a copy for our files. Please call Church of Baptism to obtain a copy.**

Total due: \$ \_\_\_\_\_ Total Tuition paid: \$ \_\_\_\_\_ ck# \_\_\_\_\_ cash Entered by \_\_\_\_\_