

The Holy Name of Jesus Catholic Church - Religious Education Registration
 115 W. Olive Avenue/1214 Columbia Street- Redlands 909-798-4197 www.theholynameofjesus.org

Today's date _____ Family Name _____ Home phone number _____

Street Address _____ City _____ Zip code _____ Cell phone # _____

Email _____ Custodial Parent, if different from above _____

Registered at this church YES NO When sending mail, address to (choose one) Mr./ Mrs Mr. Mrs. Miss Dr./Mrs. Mr./Dr. other _____

Both parents Catholic? YES NO In an emergency, if you cannot reach me, contact _____ Phone _____

CHILD	BIRTHDATE	SEX	GRADE	SESSION	SACRAMENT PROGRAM?
_____	_____	_____	_____	_____	_____

SACRAMENT AND DATE:	BAPTISM	CATHOLIC	EUCCHARIST	PENANCE	CONFIRMATION
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

****Address of the Church of Baptism** _____

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

CHILD	BIRTHDATE	SEX	GRADE	SESSION	SACRAMENT PROGRAM?
_____	_____	_____	_____	_____	_____

SACRAMENT AND DATE:	BAPTISM	CATHOLIC	EUCCHARIST	PENANCE	CONFIRMATION
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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CHILD	BIRTHDATE	SEX	GRADE	SESSION	SACRAMENT PROGRAM?
_____	_____	_____	_____	_____	_____

SACRAMENT AND DATE:	BAPTISM	CATHOLIC	EUCCHARIST	PENANCE	CONFIRMATION
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

****Address of the Church of Baptism** _____

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 your child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition paid: \$ _____ Signature _____