

Youth Form



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	EUCCHARIST	PENANCE	CONFIRMATION
Check if Yes with Date/Year of Sacrament	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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
_____	_____	_____	_____	_____	_____
SACRAMENT:	BAPTISM	Baptism Religion	EUCCHARIST	PENANCE	CONFIRMATION
Check if Yes with Date/Year of Sacrament	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Church of Baptism: Name	_____	City	_____	State	_____
Country	_____				
Special Needs: medical, learning disabilities, physical disabilities:	_____				
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CHILD	BIRTHDATE	SEX	GRADE in September	Day/Time	Program Name
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Check if Yes with Date/Year of Sacrament	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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 _____