

2. **Student's Name:** First _____ Last _____

Male Female Birth Date: _____ and School Grade (10/11): _____

Special needs: Physical/Medical/Educational: _____

Religious Education Class Days and Times: Please check the day and time of your choice.

- Sunday: 9:00 - 10:00 a.m. - Pre School & Kindergarten Monday: 5:30 - 6:45 p.m. - 1st - 8th
 Sunday: 10:15 - 11:25 a.m. - 1st - 8th Monday: 7:00 - 8:15 p.m. - 1st - 8th

Sacraments Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested: Baptism Reconciliation Eucharist Confirmation

3. **Student's Name:** First _____ Last _____

Male Female Birth Date: _____ and School Grade (10/11): _____

Special needs: Physical/Medical/Educational: _____

Religious Education Class Days and Times: Please check the day and time of your choice.

- Sunday: 9:00 - 10:00 a.m. - Pre School & Kindergarten Monday: 5:30 - 6:45 p.m. - 1st - 8th
 Sunday: 10:15 - 11:25 a.m. - 1st - 8th Monday: 7:00 - 8:15 p.m. - 1st - 8th

Sacraments Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested: Baptism Reconciliation Eucharist Confirmation

4. **Student's Name:** First _____ Last _____

Male Female Birth Date: _____ and School Grade (10/11): _____

Special needs: Physical/Medical/Educational: _____

Religious Education Class Days and Times: Please check the day and time of your choice.

- Sunday: 9:00 - 10:00 a.m. - Pre School & Kindergarten Monday: 5:30 - 6:45 p.m. - 1st - 8th
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Sacraments Received:

Baptism - Church of Baptism _____

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Sacraments Requested: Baptism Reconciliation Eucharist Confirmation