

St. Benedict's Parish

Catechism Registration Form PLEASE PRINT ALL INFORMATION

Date: _____

FAMILY NAME _____ Registered in Parish: Yes: _____ No: _____

If your child is receiving a sacrament for the first time this year, you must be registered in the Chapel

STREET _____ Home Phone _____

CITY, STATE, ZIP _____ Work Phone _____ Cell: _____

Email address _____

Family Marital Status: _____

FATHER

MOTHER

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Title (Mr., Dr, Rank, etc.): _____

Title (Mrs., Ms, Dr, Rank, etc.): _____

Where were your children enrolled in Religious Education Classes last year? _____

Were your children enrolled in a Catholic School ? Yes _____ No _____

Please state the name of the parish and city where located: _____

CHILD'S FULL NAME _____
BIRTH DATE MM/DD/YY _____ MALE _____ FEMALE _____
SCHOOL _____ GRADE Entering _____
BAPTIZED? yes _____ no _____
Where? _____

SACRAMENTS RECEIVED
BAPTISM: yes _____ no _____
PENANCE: yes _____ no _____
EUCCHARIST: yes _____ no _____
CONFIRMATION: yes _____ no _____

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(OVER)

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Are there any special needs / concerns that you would like us to know about (any of) your child(ren)?
(e.g., physical /learning disability)

Please indicate in which way you might help by checking the space below. Thank you.

Catechist _____ Assistant Classroom Helper _____ Substitute _____

Date of Virtus Training: _____