St Pius X Parish

Religious Ed. Registration

701 W. Water St., Cambridge, WI 53523

Term:

	ION		
nily Last Name:		Date:	
Father's Name:		Father's Cell / Work:	
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
	(Medical, Learning Disabilities, P		
	(Medical, Learning Disabilities, Pl		
Special Needs	(Medical, Learning Disabilities, Pl	hysical Disabilities, etc):	Yes / No
Special Needs DENT #2 INFOR Child Name:	(Medical, Learning Disabilities, P	hysical Disabilities, etc):	Yes / No Check & Date All Below
DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities, Pleasant MATION Male Female	hysical Disabilities, etc): Catholic? Sacrament Details	Check & Date All Below
Special Needs DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Please MATION ☐ Male ☐ Female	hysical Disabilities, etc): Catholic? Sacrament Details Baptism:	,
Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Plearning Disabiliti	hysical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist:	Check & Date All Below
Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, Please MATION ☐ Male ☐ Female	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Check & Date All Below

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$_____ Tuition PAID: \$_____ Signature: ____

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Term:

Additional Students

		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
ENT #4 INFOR	MATION	Catholic?	Yes / No
	☐ Male ☐ Female	— <u>Sacrament Details</u>	Check & Date All Below
Birth Date:		☐ Baptism:	
Session:		Reconciliation Prep:	
Class:		Confirmation:	
Class: Special Needs ENT #5 INFOR	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc):	
Class: Special Needs ENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc): Catholic?	Yes / No
Class: Special Needs ENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION	Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION Male Female	Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below