

SAINT CAJETAN CHURCH



**Religious Education Program
Student Information Sheet 2009/2010**

Student Name _____

(last) (first)

Address _____ Zip Code _____

Phone # _____ Birthday _____

Father _____

Name occupation work/cell phone religion

Father's email address _____

Mother _____

Name occupation work/cell phone religion

Mother's email address _____

School Attending _____ Grade in Sept. _____

_____ *I consent to having the above student/family information distributed to all REP families through the REP Family Contact List.*

_____ *I do not want the above personal information included in the REP Family Contact List.*

Parent Status: () Married () Divorced () Separated
() Mother deceased () Father deceased () Mother remarried
() Father remarried Name if remarried _____

Child lives with whom _____ Relationship _____

Faith Formation/Sacramental Record:

Was he/she enrolled in a Catholic School/Religious Ed Program last year?

() Yes () No Grade _____

Name of School or Parish _____

What Sacraments has he/she received? Include date and Church name if possible.

Baptism _____

Reconciliation _____

Communion _____

Confirmation _____

Emergency Information:

If I cannot be reached in case of emergency please call:

Name: _____ Phone: _____ Relationship: _____

Physician Name: _____ Phone: _____

*****Please give details of any *educational concerns* on the second page of this form*****

