



# Holy Redeemer Parish

## School of Religion

### 2017 - 2018 Registration Form

**Please Print Clearly!**

Family Name: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Father's Cell: (\_\_\_\_) \_\_\_\_\_ Mother's Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Child(ren) live with (circle one or more below):**

Both parents in the same house

Father separately

Mother separately

***Person who can be reached in case of an emergency when the parents cannot be reached:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Are you a registered & contributing parishioner of Holy Redeemer Parish?:    Yes    No**

**Registered Parishioner SOR Fees:**

One Child.....\$90.00  
 Two Children.....\$110.00  
 Three or more children.....\$140.00

**Non-Parishioner SOR Fees:**

One Child.....\$130.00  
 Two Children.....\$150.00  
 Three or more children.....\$180.00

**CHILDREN WHO WILL BE ATTENDING SCHOOL OF RELIGION (SOR) CLASSES:**

**CHILD #1**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SOR GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SACRAMENTS RECEIVED TO DATE FOR CHILD #1 (PLEASE CHECK):

BAPTISM: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

RECONCILIATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

EUCCHARIST: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

**CHILD #2**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SOR GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SACRAMENTS RECEIVED TO DATE FOR CHILD #2 (PLEASE CHECK):

BAPTISM: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

RECONCILIATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

EUCCHARIST: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

**CHILD #3**

NAME: \_\_\_\_\_ AGE: \_\_\_\_ SOR GRADE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SACRAMENTS RECEIVED TO DATE FOR CHILD #3 (PLEASE CHECK):

BAPTISM: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
RECONCILIATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
EUCHARIST: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
CONFIRMATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

**CHILD #4**

NAME: \_\_\_\_\_ AGE: \_\_\_\_ SOR GRADE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SACRAMENTS RECEIVED TO DATE FOR CHILD #4 (PLEASE CHECK):

BAPTISM: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
RECONCILIATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
EUCHARIST: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
CONFIRMATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

**CHILD #5**

NAME: \_\_\_\_\_ AGE: \_\_\_\_ SOR GRADE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SACRAMENTS RECEIVED TO DATE FOR CHILD #5 (PLEASE CHECK):

BAPTISM: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
RECONCILIATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
EUCHARIST: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_  
CONFIRMATION: \_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_

PLEASE LIST ANY **SPECIAL NEEDS** YOUR CHILD(REN) MAY HAVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY **ALLERGIES** (ESPECIALLY FOOD ALLERGIES) YOUR CHILD(REN) MAY HAVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

BAPTISMAL CERTIFICATE RECEIVED (CHECK):

CHILD #1 \_\_\_\_ CHILD #2 \_\_\_\_

CHILD #3 \_\_\_\_ CHILD #4 \_\_\_\_

CHILD #5 \_\_\_\_

SOR FEES PAID: \_\_\_\_ CASH OR CHECK # \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_