

**ST. ELIZABETH OF HUNGARY CHURCH
RELIGIOUS EDUCATION
Registration Form 2023-2024**

Student's Name _____

Parent Email Address _____

Mailing Address _____

Physical Address _____

Birthdate ____ / ____ / ____

Public School Grade _____ **School attending:** _____

Emergency Contact Name _____

Phone: Home _____ **Cell** _____ **Work** _____

Has the Child attended Catholic Religious Education (RE) Classes in the past?

*Yes ____ No ____

*If Yes, please indicate number of years of RE _____

* If other than St. Elizabeth, please provide name of school. _____

Has the Child been baptized? *Yes ____ No ____

*If Yes, please provide information:

Date of Baptism ____ / ____ / ____

Church _____

Diocese _____

Has the Child had First Confession / First Communion? *Yes ____ No ____

*If Yes, please provide information:

Date of First Communion ____ / ____ / ____

Church _____

Diocese _____

Child's Father's Name _____

Phone: Home _____ **Cell** _____ **Work** _____

Child's Mother's Name _____

Phone: Home _____ **Cell** _____ **Work** _____