

St. Pius Catholic Church
Religious Education Registration

(Please Print)

Primary/Family home address _____
Address Zip

Mailing address (if different) _____

E-mail address _____

Home/Primary Phone _____

HEAD OF HOUSEHOLD

Title: Mr. Mrs. Ms. Miss Dr.

Last Name _____ First _____ Middle _____

Nick Name _____ Suffix: Sr. Jr. II III IV Gender M F

Date of Birth ____/____/____ e-mail _____

Religion _____ Marital Status: Single Married Widowed Divorced

Cell phone _____ Work Phone _____

SPOUSE / OTHER ADULT

Title: Mr. Mrs. Ms. Miss Dr.

Last Name _____ First Name _____ Middle _____

Nick Name _____ Suffix: Sr. Jr. II III IV Gender M F

Date of Birth ____/____/____ e-mail _____

Religion _____ Marital Status: Single Married Widowed Divorced

Cell phone _____ Work Phone _____

Donation: (1 child \$25) (2 children \$45) (\$10 for each addition child)

DEPENDENTS

Last Name _____ First _____ Middle _____

Preferred Name (Nick) _____ Special Needs _____

Gender: Female Male Date of Birth ___/___/___ Attended CCD/Confirmation last year _____

SACRAMENTS	YES	NO	DATE	CHURCH	CITY & STATE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____

Grade level _____ School presently attending _____

Last Name _____ First _____ Middle _____

Preferred Name (Nick) _____ Special Needs _____

Gender: Female Male Date of Birth ___/___/___ Attended CCD/Confirmation last year _____

SACRAMENTS	YES	NO	DATE	CHURCH	CITY & STATE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____

Grade Level _____ School presently attending _____

Last Name _____ First _____ Middle _____

Preferred Name (Nick) _____ Special Needs _____

Gender: Female Male Date of Birth ___/___/___ Attended CCD/Confirmation last year _____

SACRAMENTS	YES	NO	DATE	CHURCH	CITY & STATE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____	_____

Grade level _____ School presently attending _____