

**ST. JOHN BREBEUF PARISH**  
**2021-2022 Religious Education Registration**  
Classroom sessions: Wednesday Evenings from 5:30 - 6:45pm

**Registration Deadline: SEPT 1st**

**PLEASE PRINT CLEARLY - for more than 3 children use 2 forms**

**STUDENT'S LAST NAME:** \_\_\_\_\_ **\*New Student? YES or NO**

(circle answer)

PRIMARY PARENT'S EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME (First & Last) \_\_\_\_\_

MOTHER'S NAME (First & Last) \_\_\_\_\_

CELL PHONE NUMBERS (Mom): \_\_\_\_\_ (Dad) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**\*NEW STUDENTS REQUIRED TO PROVIDE A COPY OF BAPTISM CERTIFICATE**

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**1. Student's First Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Gender: Female  Male

BAPTISM DATE: \_\_\_\_\_ CHURCH OF BAPTISM (Parish Name): \_\_\_\_\_

CHURCH OF BAPTISM (City & State or Country) \_\_\_\_\_

SACRAMENTS RECEIVED: Reconciliation & First Communion (Year & Church) \_\_\_\_\_

ALLERGY / DISABILITY / MEDICAL CONDITION: \_\_\_\_\_

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**2. Student's First Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Gender: Female  Male

BAPTISM DATE: \_\_\_\_\_ CHURCH OF BAPTISM (Parish Name): \_\_\_\_\_

CHURCH OF BAPTISM (City & State or Country): \_\_\_\_\_

SACRAMENTS RECEIVED Reconciliation & First Communion (Year & Church): \_\_\_\_\_

ALLERGY / DISABILITY / MEDICAL CONDITION: \_\_\_\_\_

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**3. Student's First Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Gender: Female  Male

BAPTISM DATE: \_\_\_\_\_ CHURCH OF BAPTISM (Parish Name): \_\_\_\_\_

CHURCH OF BAPTISM (City & State or Country) \_\_\_\_\_

SACRAMENTS RECEIVED Reconciliation & First Communion (Year & Church): \_\_\_\_\_

ALLERGY / DISABILITY / MEDICAL CONDITION: \_\_\_\_\_

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