

SAINT EUGENE CATHOLIC CHURCH

RELIGIOUS EDUCATION PROGRAM SCHOOL YEAR 2007 - 2008

STUDENT REGISTRATION FORM

(Students must be 4 by October 15)

Family Last Name: _____ Date: _____

Child's Last Name: _____
(if different from family name)

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ Emergency Phone: _____

Names of Parents or Guardian: _____

Registered at Saint Eugene: [] yes [] no Email address: _____

Please register all children in family, including TYM. (Pre - K through 12th grade)
←-----please fill in yes or no----→

CHILD'S NAME	DATE OF BIRTH	SCHOOL	REL. ED. GRADE	BAPTISM	FIRST RECONCILIATION/ COMMUNION	CONFIRMATION

Please inform us of any special needs, allergies, etc. of your child or children:

(Drop this completed registration form and appropriate fees in the box in the back of the church or mail to:

DRE, St. Eugene Catholic Church, P.O. Box 188, Wendell, NC 27591. THANK YOU!!!)

NOTE: Back of page must be read and signed before returning the registration.