



DIOCESE OF VENICE IN FLORIDA

***(Parish) Religious Education Program
Registration Form Grades 1-8***

Date: _____

(Child 1) Last Name: _____ First: _____ Middle: _____
Male/Female _____ Address: _____
City: _____ Zip: _____ Email: _____
Phone#: _____ 2nd Phone#: _____
Birthday: _____ School: _____
Grade in Religious Education last year: _____ Church: _____
Baptism Date: _____ @ Church: _____ City: _____
State/Zip: _____
First Penance Y/N _____ First Communion Date: _____

(Child 2) Last Name: _____ First: _____ Middle: _____
Male/Female _____ Address: _____
City: _____ Zip: _____ Email: _____
Phone#: _____ 2nd Phone#: _____
Birthday: _____ School: _____
Grade in Religious Education last year: _____ Church: _____
Baptism Date: _____ @ Church: _____ City: _____
State/Zip: _____
First Penance Y/N _____ First Communion Date: _____

(Child 3) Last Name: _____ First: _____ Middle: _____
 Male/Female _____ Address: _____
 City: _____ Zip: _____ Email: _____
 Phone#: _____ 2nd Phone#: _____
 Birthday: _____ School: _____
 Grade in Religious Education last year: _____ Church: _____
 Baptism Date: _____ @ Church: _____ City: _____
 State/Zip: _____
 First Penance Y/N _____ First Communion Date: _____

(Child 4) Last Name: _____ First: _____ Middle: _____
 Male/Female _____ Address: _____
 City: _____ Zip: _____ Email: _____
 Phone#: _____ 2nd Phone#: _____
 Birthday: _____ School: _____
 Grade in Religious Education last year: _____ Church: _____
 Baptism Date: _____ @ Church: _____ City: _____
 State/Zip: _____
 First Penance Y/N _____ First Communion Date: _____

Father: Last name if different from child: _____
 First name: _____ Religion: _____
Mother: Last name if different from child: _____
 First name: _____ Religion: _____
Guardian: Last, first names: _____
 Relationship: _____

Comments/Special Needs & Disabilities: _____