

# Mary Mother of the Church Parish

## Religious Education Registration

2006 Weston Street, La Crosse, WI 54601

Family Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mom/Dad Work/Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Both Parents Catholic? Y \_\_\_ N \_\_\_

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Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

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Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

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Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_