

Religious Education

St. Robert Bellarmine Parish

Are You Registered in the Parish Yes No

Date _____

Child's Last Name _____ Home Phone _____

Address _____ City / Zip _____

Pager # _____

Parent / Guardian _____ Religion _____ Work Phone _____

Cell Phone _____

Parent / Guardian _____ Religion _____ Work Phone _____

Child's Name (List youngest to oldest) DO NOT WRITE IN THIS SPACE	Grade (Pre-8th)	Session	M / F	Birthdate	Baptism Yes/No	Reconciliation Yes/No	Eucharist Yes/No
		Sun. 6:00pm Tue. 6:15pm Wed. 5:15pm					
1.							
2.							
3.							
4.							

Child's Special Needs: (e.g. hearing impairment, learning disability, allergies) _____

I am willing to serve as: Catechist Substitute Catechist

Book & Supply Fee: 1 Child \$45.00 2 Children \$90.00 3 or More \$100.00

Date Paid _____ Cash Check # _____ Balance Due _____

Permission to take pictures of your child/children yes or no

Permission to teach your child/children personal safety yes or no Email: _____