

# HOLY ANGELS CHURCH

## Religious Education — 2011-12— Registration Form

Grades: Kindergarten – Grade 8

180 S. Russell Ave. – Aurora, IL 60506-4997

630/897-1194, ext. 26

**PLEASE PRINT:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FAMILY NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Are you registered with Holy Angels Church? Yes No

HOME PHONE \_\_\_\_\_

Unlisted: Yes No

Calling Post Phone \_\_\_\_\_

Phone number to use when we need to get important information to you like Religious Ed. closing or meeting cancellation.

**REMINDER:** Please attach a copy of your child's baptismal certificate if he/she is celebrating First Communion or Confirmation this year and was baptized at a church other than Holy Angels.

### —PARENTS/GUARDIANS—

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

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

Maiden Name \_\_\_\_\_

Business \_\_\_\_\_

Business \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

I am interested in volunteering for:

\_\_\_\_\_

In the Case of an emergency, if you are unable to reach me, please contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### —STUDENT INFORMATION—

Student Name \_\_\_\_\_

Please list specifically any allergies or health problems

School \_\_\_\_\_

your child has. \_\_\_\_\_

Grade (Entering in Fall) \_\_\_\_\_ Gender M / F \_\_\_\_\_

#### Sacramental Information

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth (City/State) \_\_\_\_\_

Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church of Baptism \_\_\_\_\_

Place of Baptism (City/State) \_\_\_\_\_

Penance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church \_\_\_\_\_

1st. Comm: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church \_\_\_\_\_

**—STUDENT INFORMATION—**

Student Name \_\_\_\_\_ Please list specifically any allergies or health problems  
School \_\_\_\_\_ your child has. \_\_\_\_\_  
Grade (*Entering in Fall*) \_\_\_\_\_ Gender M / F \_\_\_\_\_

**Sacramental Information**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Baptism: \_\_\_/\_\_\_/\_\_\_ Church of Baptism \_\_\_\_\_  
Place of Baptism (City/State) \_\_\_\_\_  
Penance: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_  
1st. Comm: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Student Name \_\_\_\_\_ Please list specifically any allergies or health problems  
School \_\_\_\_\_ your child has. \_\_\_\_\_  
Grade (*Entering in Fall*) \_\_\_\_\_ Gender M / F \_\_\_\_\_

**Sacramental Information**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Baptism: \_\_\_/\_\_\_/\_\_\_ Church of Baptism \_\_\_\_\_  
Place of Baptism (City/State) \_\_\_\_\_  
Penance: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_  
1st. Comm: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Student Name \_\_\_\_\_ Please list specifically any allergies or health problems  
School \_\_\_\_\_ your child has. \_\_\_\_\_  
Grade (*Entering in Fall*) \_\_\_\_\_ Gender M / F \_\_\_\_\_

**Sacramental Information**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Baptism: \_\_\_/\_\_\_/\_\_\_ Church of Baptism \_\_\_\_\_  
Place of Baptism (City/State) \_\_\_\_\_  
Penance: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_  
1st. Comm: \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

**ANGEL'S WING** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**—For Office Use Only—**

Date	Tuition Due	Amount Paid	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____