

HOLY ANGELS CHURCH
Religious Education Registration Form

Grades: Kindergarten – Grade 8

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

630/897-1194, ext. 156 — Email: releducation@holy-angels.org — Website: www.holy-angels.org

PLEASE PRINT:

Date ____/____/____

FAMILY NAME _____

E-MAIL _____

ADDRESS _____

CITY/STATE/ZIP _____

Are you registered with Holy Angels Church? Yes No

HOME PHONE _____

Unlisted: Yes No

CELL PHONE _____

Phone number to use when we need to get in touch with you on a Religious Ed. night in an emergency.

TEXT ok? Yes No

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
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Baptism: ___/___/___ Church of Baptism _____
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1st. Comm: ___/___/___ Church _____

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Sacramental Information

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

Amount Enclosed: _____

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