

HOLY CHILD PARISH RELIGIOUS EDUCATION

P.O. Box 130 Tijeras, NM 87059

Student's Name: _____ Male / Female Date of Birth: _____

Mailing address: _____

Street City State Zip
Phone Numbers: Mom _____ Dad _____ Other _____

Parent Email: Mom _____ Dad _____

Other _____ (anyone you would like on communication)

May we use your email and phone number to communicate through Flocknote? _____

What is the best way to communicate with you? Email _____ Text _____ phone call _____

Parents' Status: **Circle one:** Single parent, Married, Divorced, Remarried

Father's Name (First) (Last): _____

Mother's Name (First) (Maiden) (Last): _____

Step Parent(s) or Guardian: _____

Parent's Religion: Father _____ Mother _____

Are you registered in the parish? (Circle) YES NO
Where do you attend mass? (Circle) Tijeras Chilili/ Escobosa

Has student had previous religious education? Yes / No Grade Completed? _____

Where? _____ [Verified: _____]

	Sacrament Received	Date	Church	City & State
	Baptized			
	Reconciliation			
	First Communion			

Registration Date: _____ Grade: _____

Which classes will your child attend:

Tijeras- Wednesday 6:30-7:45 _____ Chilili- Monday 5:30-7:00 _____

Special Sacraments needed: Baptism, _____ First Reconciliation, _____ First Communion _____

[Office Use Only: Parishioner #: _____ By _____, Fee pd. _____]