

**BEATITUDES REGISTRATION FORM**

Cross Reference \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Parish Env. #** \_\_\_\_\_ **Active** \_\_\_\_\_ **Inactive** \_\_\_\_\_ **New** \_\_\_\_\_ **Out of Parish** \_\_\_\_\_

Parents' Last Name: \_\_\_\_\_ Parents' First Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Parents' Salutation: (circle one) Mr. & Mrs./Mrs./Mr./Ms./Other \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Call 1st ( ) \_\_\_\_\_ Call 2nd ( ) \_\_\_\_\_

Second Mailing Address (if applicable): \_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER** Work Phone:( ) \_\_\_\_\_ Religion: \_\_\_\_\_ **MOTHER** Work Phone:( ) \_\_\_\_\_ Religion: \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

**Legal Guardian's Name (if other than above)** \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: ( ) \_\_\_\_\_

I authorize the Religious Education Office to provide medical services for my child/ren, in an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	School Attending This fall	Grade entering this fall	Age/ Birthdate	Mark Male or Female M/F	Child's Name (Only children being registered for our program, up to five children per form) Last, First, Middle	Date & Year Received		Check (X) if preparation is needed for:						
						Baptism	First Holy Communion	Baptism	FC Yr.1	FC Yr.2	Conf. Yr.1	Conf. Yr.2		
1														
2														
3														
4														
5														

Please Complete Other Side

1. Which Catholic Church do you regularly attend? \_\_\_\_\_

2. Has your child(ren) attended Religious Education classes or attended a Catholic School? Yes/No (please circle one)  
Where \_\_\_\_\_ At what levels? \_\_\_\_\_ Last year attended? \_\_\_\_\_

3. What other activities (sports, music lessons, cheerleading, etc.) has/have your child/children participated in during the past year?  
\_\_\_\_\_  
\_\_\_\_\_

4. **SPECIAL NEEDS:** Which, if any of your children has a medical condition/allergies/learning or behavioral problems?  
Please explain. (If there are multiple children registering, please list child's name with any special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child live with:  
Both natural parents \_\_\_\_\_  
Single parent: Mother \_\_\_\_\_  
                          Father \_\_\_\_\_  
Natural & Step parent \_\_\_\_\_  
Joint Custody \_\_\_\_\_  
Foster Home \_\_\_\_\_

6. Are there any custody problems that could have impact on your child? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

7. Please list any language other than English spoken in the home. \_\_\_\_\_

8. Are there any adult family members who want or need Baptism, Confirmation or Eucharist? Yes \_\_\_ No \_\_\_

Do they wish to be called about joining RCIA? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please Complete Other Side