

BLESSED SACRAMENT CATHOLIC CHURCH
1003 E. Victory Drive, Savannah, GA 31405
Phone 912-356-6980 Website: www.mbschurch.org

Office Use Only
Date Paid: _____
Amount Paid: _____
Check #: _____
Cash: _____
Balance Due: _____

RELIGIOUS EDUCATION REGISTRATION FORM
2016-2017

Registration fee for one child is \$50.00, two children is \$90.00, and three or more children is \$125.00.

Classes are held each Sunday from 9:15 a.m. to 10:15 a.m. in the school and run September through May.

If you desire additional information please contact Erin Sasser at the Parish Office at 356-6980 or by email: esasser@mbschurch.org. Thank you.

Please Print

Child's Grade for 2016-2017 School Year _____

Child's School he/she attends _____

Child's Last Name _____ First Name _____ Middle _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ EMAIL _____

Father's Cell # _____ Mother's Cell # _____

Emergency Phone(s) # _____

Place of Birth (City & State) _____, _____

Date of Birth _____ Sex _____

Father's Full Name _____

Religion _____ Living or Deceased (**please circle**)

Mother's First and Maiden Name _____

Religion _____ Living or Deceased (**please circle**)

Step Parent or Guardian _____

Please Circle Family Information

Married Separated Single-Parent Divorced Remarried

If student does not reside with both parents, please provide name, address and phone number of custodial parent _____

When sending information home to whom should it be addressed? _____

*Student's Baptism (Name of Church) _____

*City, State _____ Zip Code _____ Date of Baptism _____

***If not Baptized at Blessed Sacrament, please attach a copy of baptismal certificate.**

Are you a registered member of Blessed Sacrament Catholic Church? _____ Envelope # _____

***You must be registered members of Blessed Sacrament Church for your child(ren) to attend Religious Education classes. If not, please pick up a registration form from the Parish Office and return it before Religious Ed classes begin.**

Sacramental Information:

***For children who have already received the Sacraments of Reconciliation and Eucharist:**

Name and address with zip code of parish in which the Sacrament of Reconciliation was celebrated.

Name and address with zip code of parish in which the Sacrament of Eucharist was received.

Date of First Eucharist (**Month, Day, Year**) _____

Has child ever attended a catholic school? _____ Attendance from _____ To _____

If yes, in what parish? _____

Has your child attended religious education in another parish? _____, if yes, where? _____

Years of Attendance _____ (**If you have a letter of recommendation. Please attach to this form**)

*Does your child have any special needs that we should be aware of? _____

Parent's Signature _____ Date _____