

Religious Education Registration

2024-2025

Suggested donation:

\$25.00 one child _____

\$40.00 per family _____

Paid: Yes No

Holy Name of Mary Church --- Montrose, PA

Family's Last Name

Father's First Name

Mother's First Name & Maiden Name

Home address

City

State

Zip Code

(home) (cell - Mother) (cell - Father)

Phone numbers

(Please provide an email address that you use and check regularly.)

Email address

Name, address & phone number of step-parent or natural parent at different address/phone: _____

Name and number of person to contact in case of emergency – other than parents: _____

Name of **parent, guardian, older sibling or other person** permitted to pick up your child from Religious Education Classes or from a church event: _____

Contact phone number for this person: _____

CHILD'S NAME	M/F	Date of Birth month/day/year	SCHOOL currently attending	GRADE	Sacraments Received

Any information about your child, that may be helpful for the teacher to know, such as learning disability or medical problem, or allergies --- **please explain:** _____

Any family situation, such as alternate weekend visitation --- **please explain:** _____

I give my permission to use my child(ren) name, photo image, on the HNM church website, newsletter, or religious education social media page to promote Church activities. **(Please circle one)...** YES or NO

Please sign and date below:

Signature of Parent / Guardian

Date