St. Mary's Catholic Church

320 E. Washington Avenue
Tomahawk, WI 54487
Phone (715) 453-2878
Fax (715) 453-6678

St. Mary's and St. Augustine
2026 - 2027
Religious Education Registration Form

STUDENT(s) Last Name _____

Parents Names _____

Address _____ **City/Zip**_____

Cell Phone(Mom) _____ **Cell phone(Dad)** _____

email _____

(If email isn't checked on a regular basis, please specify preferred communication style)

Emergency contact _____ **Phone** _____

We are members of St. Augustine _____ **St. Mary** _____

STUDENT INFORMATION:

NAME	GRADE	AGE	SEX	Catholic Baptism?
_____	____	____	___	YES ____ NO ____
_____	____	____	___	YES ____ NO ____
_____	____	____	___	YES ____ NO ____
_____	____	____	___	YES ____ NO ____

Allergies: _____

Any student with an IEP on this form? YES_____ **Name**_____

If someone other than a parent will be picking up your child(ren), please provide their contact information:

Name: _____ **Cell phone:** _____