

FIRST TIME REGISTRANTS

Basilica of St. Michael the Archangel

321 St. Mary St.

PO Box 10

Loretto, Pa. 15940

Phone: (814) 472-8551



RELIGIOUS EDUCATION REGISTRATION FORM

Child's Name _____

Grade _____

Date of Birth _____

Address _____

City/State _____

School _____

Parents

Father's Name _____

Phone

Cell _____

Mother's Name _____

Cell _____

Mother's Maiden Name _____

Email _____

SACRAMENTS: If your child has received any of the sacraments, please list the church (even if it was the Basilica of St. Michael) where your child received them:

Baptism: Mo/Day/Yr. _____

First Communion: Mo/Day/Yr. _____

Confirmation: Mo/Day/Yr. _____

Are you currently registered at the Basilica of St. Michael? _____

If your child has any learning disabilities, special needs, or any health conditions that we need to know about, please specify: _____

I, as a parent or guardian of my child, realize and accept my responsibility to see that my child attends weekly Mass and Religious Education class. I realize that this is of the utmost importance in the development of my child's faith and spiritual growth.

Parent/Guardian Signature: _____ **Date** _____