



*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**

### **PHONE**

Father's Name \_\_\_\_\_ 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.

**Date of Registration:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_