

Catechism Registration 2017-2018

Contact Info:

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Would there be anyone willing to teach or volunteer in the classroom:

Yes No If yes, who and what grade: _____

Student Info:

Student Name: _____

Date of Birth (DD/MM/YYYY): _____

Allergies: _____

Grade: _____

Student Name: _____

Date of Birth (DD/MM/YYYY): _____

Allergies: _____

Grade: _____

Student Name: _____

Date of Birth (DD/MM/YYYY): _____

Allergies: _____

Grade: _____