

St Luke The Evangelist Parish

Religious Education Registration

5605 Cloverly Avenue Temple City, CA 91780

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above: _____

Email: _____

Home Address: _____

Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____