

# Religious Education Registration

(One Form per Student)

St. Ignatius Catholic Parish

P.O. Box 1350  
Ignacio, CO 81137

►Registration Fee for all active or inactive parishioners: \$ 15.00 per child, \$40.00 maximum per family. This donation will be used to cover all program material expenses. If registration represents a financial hardship for your family, please speak to the pastor.

## REGISTRATION (Please Print Clearly)

First Time Registrant\* ☐

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Child resides with: \_\_\_\_\_

Does this child have any allergies or health concerns we should know about? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Sacraments: Please check all the sacraments this child has received.**

**COPY OF BAPTISM CERTIFICATE REQUIRED OF ALL REGISTRANTS**

**COPY OF BIRTH CERTIFICATE IS OBLIGATORY IF CHILDREN ARE NOT BAPTIZED**

☐ Baptism: \_\_\_\_\_  
Name of Church City/State Date

☐ First Communion: \_\_\_\_\_  
Name of Church City/State Date

☐ Confirmation: \_\_\_\_\_  
Name of Church City/State Date

## **FOR CHILDREN ENROLLED IN CHRISTIAN INITIATION PROGRAM ONLY**

Your child's Church Records will follow them through their sacramental life in the Church.

Please indicate below your child's legal name as it appears on the birth certificates.

\_\_\_\_\_(Please Print Clearly)

## PARENT/GUARDIAN INFORMATION

☐

PARENT

☐

GUARDIAN

Parents have been SHC Parishioners since: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle Initial

Mother's Name: \_\_\_\_\_  
(Maiden Name) First Middle Initial

(Required)

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ MOM DAD Cell Phone: \_\_\_\_\_ MOM DAD Work Phone: \_\_\_\_\_ MOM DAD

### FOR OFFICE USE ONLY

☐ Book & Material Fee \$15.00 per child (All Grades)

☐ Baptismal Certificate Yes ☐ No ☐

☐ Birth Certificate Yes ☐ No ☐

Total Due: \$ \_\_\_\_\_ Parishioner Status Verified: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_