## St. Aloysius Parish

## **Religious Education Registration 2017-2018**

## P.O. Box 485, Bowling Green, OH 43402 419-352-4195 religioused@stalbg.org

	Date	:		
Family/Parents' Names:	Home Phone:			
Address:	Cell Phone: _	Cell Phone: Emergency Contacts – see other side		
Mother's Maiden Name:				
Custodial Parent, if different from above:	E-mail:	E-mail:		
Rel. Ed. mailing to additional address? If so, state		School:		
	Mother Cathol	ic? Y N Fa	ther Catholic? Y N	
Child	Birthdate	Gender	Grade in 2017/18	
Circle the "Option" that your child will attend in 2017-18:	Wed.	pm* Hor	meSchool Opt**	
Circle the Sacrament(s) your child has celebrated. Baptism	Reconciliation	Communion	Confirmation	
Help us serve your child well. Please list any special needs, such as medical con-	ditions, learning disabilities	, physical disabiliti	es	
Child	Birthdate	Gender	Grade in 2017/18	
Circle the "Option" that your child will attend in 2017-18:		Wed. pm* HomeSchool Opt**		
Circle the Sacrament(s) your child has celebrated. Baptism	Reconciliation	Communion	Confirmation	
Help us serve your child well. Please list any special needs, such as medical con-	ditions, learning disabilities	s, physical disabiliti	es	
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Circle the "Option" that your child will attend in 2017-18:	Wed.	Wed. pm* HomeSchool Opt**		
Circle the Sacrament(s) your child <u>has celebrated</u> . Baptism Help us serve your child well. Please list any special needs, such as medical cond	Reconciliation ditions, learning disabilities	Communion , physical disabiliti	Confirmation es	

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

\* Options described on the attached sheet

i Linergency Contac	·L			
Name	Relati	Relationship		
Address	City Sta	City State Zip		
Home phone	Cell phone	Work phone		
2 <sup>nd</sup> Emergency Contac	et			
Name	Relati	Relationship		
Address	City Stat	City State Zip		
Home phone	Cell phone	Work phone		
3 <sup>rd</sup> Emergency Contac	et .			
Name	Relati	Relationship		
Address	City Sta	City State Zip		
Home phone	Cell phone	Work phone		
PERMISSION TO USE	PHOTOGRAPH			
I hereby GRANT	DO NOT GRANT	(please circle one)		
permission for St. Aloysius	Parish, Bowling Green, Ohio to pu	ublish a photograph of my child		
		(name of child)		
in online and/or print comm	nunications, including the parish we	ebsite, newsletters, external publication		
or parish social- networking	g sites printed during the 2017-18 s	school year, for informational or		
promotional purposes. I u	nderstand that my child's full name	e will not be published.		
Parent/Guardian Signature	& Date			