



# All Souls Catholic Church

29 South Electric Avenue • Alhambra, CA 91801 • (626) 281-0466 Fax (626) 281-2163

Date: \_\_\_\_\_

## RELIGIOUS EDUCATION REGISTRATION 2015-2016

<b>First Holy Communion:</b>	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	<b>Confirmation:</b>	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2
<b>Post Communion:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<b>Attend,</b> _____	<b>School</b>

### STUDENT INFORMATION/INFORMACION DEL ESTUDIANTE

Name/Nombre: \_\_\_\_\_ Sex/Sexo: \_\_\_\_\_  
 Address/Domicilio: \_\_\_\_\_ City/Ciudad: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Age/Edad: \_\_\_\_\_ Date of Birth/Fecha de Nacimiento: \_\_\_\_\_ Grade/Grado(Sept): \_\_\_\_\_

#### **Sacraments Received/Sacramentos Recibidos:**

Baptism / Bautismo  Yes/Si  No  
 First Holy Communion / Primera Comuni3n  Yes/Si  No  
 Confirmation / Confirmaci3n  Yes/Si  No

#### **Office Use Only**

Certificate   
 Certificate   
 Certificate

### PARENT INFORMATION/INFORMACION DE LOS PADRES

Father's Name/Nombre del Papa: \_\_\_\_\_  
 Home Phone/Tel3fono: \_\_\_\_\_ Cell Phone/Celular: \_\_\_\_\_  
 Email/Correo Electr3nico: \_\_\_\_\_ Preferred Language/Preferido Lenguaje: \_\_\_\_\_

Mother's Maiden Name/Nombre de la Mama de Soltera: \_\_\_\_\_  
 Home Phone/Tel3fono: \_\_\_\_\_ Cell Phone/Celular: \_\_\_\_\_  
 Email/Correo Electr3nico: \_\_\_\_\_ Preferred Language/Preferido Lenguaje: \_\_\_\_\_

### EMERGENCY INFORMATION

**Allergies or medical conditions/Alergias o condiciones medicas:**

\_\_\_\_\_

**Additional Emergency Contact/Contacto de Emergencia Adicional:**

Name/Nombre \_\_\_\_\_ Phone/Tel3fono \_\_\_\_\_

#### **OFFICE USE ONLY**

Payment Date	Amount Paid	Check #	Cash	Receipt Number	Balance