

**St. Mary Queen of the Universe Parish Religious Education (P.R.E.) Program  
NEW STUDENT REGISTRATION FORM – 2009-10**

Basic information (indicated with an \* below) may be included in a P.R.E. Directory, which will be distributed only to P.R.E. families and program staff. A copy of this form will be given to the child's teacher.

Please notify the P.R.E. Office if there are changes to the following information during the school year.

**Section A—Student Information**

\*Child's full, legal name \_\_\_\_\_ \*Gender: M F \*Current grade level \_\_\_\_\_

\*Child's preferred first name \_\_\_\_\_

Place of birth (town and state) \_\_\_\_\_ \*Birth Date \_\_\_\_\_

\*Name of school currently attending \_\_\_\_\_ \*Current age \_\_\_\_\_

Has this child had previous religious education? yes no

If yes, circle grade levels: K 1 2 3 4 5 6 7 at what church/school? \_\_\_\_\_

**Section B—Household / Family Information**

\*Mailing address \_\_\_\_\_  
street / PO box town ZIP code

\*Telephone number \_\_\_\_\_ Parent cell phone or pager number/s \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you receive the Register—official newspaper of the Salina diocese? yes no

Our family attends Mass (circle one): regularly sometimes rarely Mass usually attended \_\_\_\_\_

\*Name of father (or primary male caregiver at this child's home) \_\_\_\_\_

relationship to child (father, stepfather, etc.) \_\_\_\_\_

religion \_\_\_\_\_ ( ) active ( ) inactive

place of employment \_\_\_\_\_ title / position \_\_\_\_\_

if Catholic, indicate liturgical ministries (lector, Eucharist Minister, etc.): \_\_\_\_\_

\*Name of mother (or primary female caregiver at this child's home) \_\_\_\_\_

maiden name \_\_\_\_\_

relationship to child (mother, stepmother, etc.) \_\_\_\_\_

religion \_\_\_\_\_ ( ) active ( ) inactive

place of employment \_\_\_\_\_ title / position \_\_\_\_\_

if Catholic, indicate liturgical ministries (lector, Eucharist Minister, etc.): \_\_\_\_\_

**Section C—Sacrament Information**

Sacrament/s received (check all that apply):

\_\_\_ Baptism Church and town \_\_\_\_\_

Names of parents *as listed on this child's Baptismal certificate:*

mother (first, middle, MAIDEN) \_\_\_\_\_

father (first, middle, last) \_\_\_\_\_

marital status of these two people (check all that apply):

married to each other  never married to each other  separated  divorced

mother remarried  father remarried  father deceased  mother deceased

Who has primary custody of this child, *especially on the evening of P.R.E.?*

both parents (married to each other)  mother  father  joint (divorced)

\_\_\_ 1<sup>st</sup> Reconciliation

\_\_\_ 1<sup>st</sup> Communion Church and town \_\_\_\_\_

**Section D—Emergency Information**

**LOCAL PERSON/S TO CONTACT IN CASE OF EMERGENCY (IF PARENT/S ARE NOT AVAILABLE)**

***--be sure this person (these persons) would be available during the PRE class times --***

Name/s \_\_\_\_\_

Phone number/s \_\_\_\_\_

Relationship to child (friend, relative, neighbor, etc.) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_