

**St. Mary Queen of the Universe Parish Religious Education (P.R.E.) Program
NEW STUDENT REGISTRATION FORM – 2011-12**

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.): _____

-- PLEASE CONTINUE ON THE OTHER SIDE --

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)

___ 1st Reconciliation

___ 1st 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 _____