

Sts. Cyril & Methodius Catholic Church Shiner, TX

"New Student" Religious Education Registration Form

**Please Send a Copy of Baptismal Certificate (must have)
& a copy of First Holy Communion Certificate If applicable.**

Family Last Name: _____

Father's Name: _____

Mother's Maiden Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone No. : _____

Father's Work No.: _____ Father's Cell No.: _____

Mother's Work No.: _____ Mother's Cell No.: _____

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Student Attending Religious Education:

Child's Name: _____

Grade: _____

Date of Birth: _____

Name of Hospital: _____

City, State: _____

Date of Baptism: _____

Church: _____

City, State: _____

Date of 1st Holy Communion: _____

Church: _____

City, State: _____

Date of Confirmation: _____

Church: _____

City, State: _____

Registration Fee: \$25.00 – 1 student, \$50.00 – 2 students, \$60.00 – 3 or more students

For office use only:

Paid: _____ Check # _____ Date _____