

# ST. ELIZABETH ANN SETON PARISH

116 HUGHES ST., SWOYERSVILLE, PA 18704  
RELIGIOUS EDUCATION OFFICE 570-287-6624 x116

## RELIGIOUS EDUCATION REGISTRATION FORM 2023-2024

Please indicate which program you will be attending:

Saturday 9:00AM-10:15AM \_\_\_\_\_ **OR** Monday 6:00PM-7:15PM \_\_\_\_\_

### STUDENT INFORMATION:

Student's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parish to which you belong: \_\_\_\_\_

Did student attend Religious Education here last year? \_\_\_\_\_ If not, where? \_\_\_\_\_

What grade did they complete in Religious Education? \_\_\_\_\_

Sacrament Received	Date	Name of Parish	City	State
Baptism				
Reconciliation				
Eucharist				
Confirmation				

### FAMILY INFORMATION:

Father's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Father's email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Okay to TEXT? \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Mother's email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Okay to TEXT? \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Student lives with: (Please check)

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Other: \_\_\_\_\_

(specify)

Who is responsible for full-time care of student?:

\_\_\_\_\_ (mother) \_\_\_\_\_ (father) \_\_\_\_\_ (guardian)

Please list names & grades of brothers and/or sisters enrolled in Religious Ed:

\_\_\_\_\_  
\_\_\_\_\_

Please fill out additional information on back side → → →

Student's Name: \_\_\_\_\_

**EMERGENCY PHONE CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If there is any specific information we should have about your child (e.g., physical handicap, learning disability, health, allergies, etc., please indicate it below. This information will be kept confidential).

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To help defray the cost of the Religious Education Program, we are asking for a registration fee: \$30.00 per child; \$50.00 per family. (*\*see note below*).

**\*(If the payment is a problem for anyone, please don't let that discourage you from sending your child/children. Please contact Fr. Joe or Lori; all calls are confidential)**

Attach payment to form and return to the parish office or place in the collection basket at any weekend Mass in an envelope marked: Attn: Religious Ed.

Make checks payable to: St. Elizabeth Ann Seton Parish

Please return by Sunday, September 3, 2023.

