

ST. ELIZABETH ANN SETON PARISH

116 HUGHES ST., SWOYERSVILLE, PA 18704

FAITH FORMATION OFFICE 570-287-4587

RELIGIOUS EDUCATION REGISTRATION FORM 2021-2022

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: _____

Email contact: _____

School Attending: _____ Grade: _____

Parish to which you belong: _____

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

FAMILY INFORMATION:

Father's Name: _____ Living: _____ Deceased: _____

Address (if different): _____

Business Phone: _____ Cell Phone: _____

Father's Religion: _____

Mother's Name (Maiden): _____ Living: _____ Deceased: _____

Address (if different): _____

Business Phone: _____ Cell Phone: _____

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).

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. Call Fr. Joe; 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 7, 2021.

****Please note:***

If your child serves our Parish as an Altar Server or in our Youth Choir, the fee will be waived.

Name of child: _____

Altar Server: _____ Youth Choir: _____

