

**Saint Linus Catholic Church**  
**Registration for Religious Education 2011-2012**

Household Information\*

Please complete for the adults living in this household.

If birth parents are not part of the present household, see below.

St. Linus Parish Envelope Number \_\_\_\_\_ Non Parishioner: \_\_\_\_\_  
(home parish)

Family name(s): \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_ ( Including Maiden Name)

Father's Full Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Religion of Father: \_\_\_\_\_

Emergency Phone (other than home): \_\_\_\_\_ Who: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*If either birth parent is not part of this household:**

Birth Father's Full Name: \_\_\_\_\_ Birth Mother's Full Name: \_\_\_\_\_

Does this parent wish to be a part of this program ? Yes ?No

If yes Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete the following:

**Student's Full Name** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Grade in Fall 2011 \_\_\_\_\_

Baptism: Yes or No? Reconciliation: Yes or No?

Eucharist : Yes or No? Confirmation: Yes or No?

\*\*\*If a new student, please submit baptismal records if your child was not baptized at St. Linus

++ Please list allergies, medical concerns and other issues of which we should be aware on the back of this form.