

Saint Luke the Evangelist
Parish Religious Education Program
Little Peoples Sunday School

Family Name _____

Parents/Guardians Name: _____ Phone Number: _____

Street Address: _____

City/ Zip Code: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Child # 1

Child #2

Child's Full Name _____

Child's Full Name _____

Date of Birth _____

Date of Birth _____

Date of Baptism (copy must be supplied) _____

Date of Baptism (copy must be supplied) _____

Church of Baptism _____ City and State _____

Church of Baptism _____ City and State _____

Medical Concerns/Special Information _____

Medical Concerns/Special Information _____

Family History:

Father's Name: _____ Living: ___ Deceased: ___ Catholic: ___ Non-Catholic: ___

Married: ___ Divorced: ___ Remarried: ___ Single Parent: ___

Mother's Full Name: _____ Living: ___ Deceased: ___ Catholic: ___ Non-Catholic: ___

Married: ___ Divorced: ___ Remarried: ___ Single Parent: ___

Does your family live within the geographical boundaries of St. Luke Parish? YES NO

Is your family a member of St. Luke Parish? YES NO

Is your family registered at St. Luke Parish? YES NO

If not, to which parish does your family belong? _____

Please note: If you belong to another parish, you must submit a letter of permission from your pastor to attend the Religious Education Program at St. Luke

Parent signature _____

Date _____

The registration fee is **\$50.00 for each child.**

Check# _____ Amount: _____ Registrar: _____ Date: _____

All information is strictly confidential. If there is any additional information you need to supply, please submit in writing.