

2025 - 2026 RELIGIOUS EDUCATION REGISTRATION FORM

Return to the Religious Education Office, 215 S. Washington Ave., P.O. Box 503, Medford, WI 54451

STUDENT INFORMATION:

1 st Child's Name: _____	Date of Birth: _____	Circle One: Male or Female	School: MAES SES MAMS MASH	Grade: _____
<u>CIRCLE</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

2 nd Child's Name: _____	Date of Birth: _____	Circle One: Male or Female	School: MAES SES MAMS MASH	Grade: _____
<u>CIRCLE</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

3 rd Child's Name: _____	Date of Birth: _____	Circle One: Male or Female	School: MAES SES MAMS MASH	Grade: _____
<u>CIRCLE</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

4 th Child's Name: _____	Date of Birth: _____	Circle One: Male or Female	School: MAES SES MAMS MASH	Grade: _____
<u>CIRCLE</u> all sacraments received:	Baptism	1 st Reconciliation	1 st Communion	Confirmation
Does your child have any medical conditions including food allergies that we should be aware of? _____		Does your child have any special educational needs? _____ _____		

CONTACT INFORMATION: If we need to call you on a Wednesday during our Religious Education class times, please list your preferred contact info.

Parent/Guardian Name _____ Preferred number to call _____

Emergency Contact _____ Relationship _____ Phone _____

- COMPLETE OTHER SIDE PLEASE -

