

**Diocese of Kalamazoo - Religious Education
Permanent Record Card**

Child's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

School Grade for upcoming year _____

School Attending _____

Sacraments Received: Please enter the Date, Church, City, and State

Baptism _____

First Communion _____

Confirmation _____

Father's Name _____ Religion _____

Mother's Name (Maiden Name) _____ Religion _____

Parent Email _____

2nd Parent Email _____

Attending Parish _____

Would you like to volunteer for the Religious Education Program? _____