

# RELIGIOUS EDUCATION REGISTRATION FORM

## 2025 - 2026

St. Nicholas Catholic Church  
707 St. Nicholas Drive  
North Pole, AK 99705  
Phone: (907) 488.2595



### Family Information:

Father's Name: \_\_\_\_\_

Father's Phone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Children's Address: \_\_\_\_\_

Do the parents live together? ☐ Y ☐ N If not, with which parent do the children live? ☐ Father ☐ Mother

### Emergency Contact (other than immediate family member):

Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

#### As parents we:

- \* acknowledge our role as the "first teachers" of our children;
- \* pledge to cooperate with the parish programs that assist us in fulfilling our duties to teach, encourage, and provide examples to our children in how to live our Catholic faith to the best of our abilities;
- \* will place our weekly attendance at Mass, Sacraments, and Religious Education as a priority over sports or other activities, for ourselves and for our children.

Unless other written instruction is submitted, I also consent to allowing my children's image to be recorded, either by photograph or video, and used for future advertisement of Parish programs. Any other use will require further consent. I also consent for my children to be evaluated, diagnosed, and treated by authorized medical personnel in case of emergency. You may call 911.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Children's Information:

Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School: \_\_\_\_\_

Gender: M F Date of Birth: / / Age: \_\_\_\_\_

Allergies, Injuries, and Special Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Sacraments Received:** Church, City, and State where Sacrament was received

Baptism:	Y	N	_____
Reconciliation:	Y	N	_____
Communion:	Y	N	_____
Confirmation:	Y	N	_____

**Will this child receive Sacraments this year?** (If yes, name which ones.)

☐ N ☐ Y: \_\_\_\_\_

---

Children's Information Continued:

Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Allergies, Injuries, and Special Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Sacraments Received:** Church, City, and State where Sacrament was received

Baptism: Y N \_\_\_\_\_

Reconciliation: Y N \_\_\_\_\_

Communion: Y N \_\_\_\_\_

Confirmation: Y N \_\_\_\_\_

**Will this child receive Sacraments this year?** (If yes, name which ones.)

☐ N ☐ Y: \_\_\_\_\_

---

Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Allergies, Injuries, and Special Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Sacraments Received:** Church, City, and State where Sacrament was received

Baptism: Y N \_\_\_\_\_

Reconciliation: Y N \_\_\_\_\_

Communion: Y N \_\_\_\_\_

Confirmation: Y N \_\_\_\_\_

**Will this child receive Sacraments this year?** (If yes, name which ones.)

☐ N ☐ Y: \_\_\_\_\_

---

Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ School: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Allergies, Injuries, and Special Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Sacraments Received:** Church, City, and State where Sacrament was received

Baptism: Y N \_\_\_\_\_

Reconciliation: Y N \_\_\_\_\_

Communion: Y N \_\_\_\_\_

Confirmation: Y N \_\_\_\_\_

**Will this child receive Sacraments this year?** (If yes, name which ones.)

☐ N ☐ Y: \_\_\_\_\_

---