## Blessed Sacrament Parish Religious Education Registration Form

Mother's Name Father's Name Address City	Cell phone			
Address		rext?		NI.
			165	NO
City				
	Zip			
Home Phone				
E-Mail	<del></del>			
a				
Student NameB				
School he/she attends				
Allergies: YesNo If so, what	t kind?			
			-	
Learning Challenges: YesNo	_ Explain:			
Student Name				
Student NameBi	irth Date	<del></del>		
School he/she attends				
Allergies, Ves No If so what	t Lind 3			
Allergies: YesNo If so, what	t kindr			
Learning Challenges: YesNo	_ Explain:			
Emergency Contact Name				
Relationship to family	Phone			
- r · /				

Paid\_\_\_\_\_ B-Strip\_\_\_\_

Non-Parishioner \$150.00 per child