



202 S. Union St.  
Olean, NY 14760

### RELIGIOUS EDUCATION Family Registration

Family Last Name: \_\_\_\_\_  
(Please Print)

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

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
(Full & Maiden)

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

#### FOR STUDENTS PREVIOUSLY REGISTERED:

STUDENTS NAME	GRADE IN SEPTEMBER	REGISTRATION \$25.00 P/STUDENT

Use second sheet for more names if necessary.

#### FOR STUDENTS NEW TO THE RELIGIOUS EDUCATION PROGRAM:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Baptism:  
 NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Penance:  
 NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Communion:  
 NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Confirmation:  
 NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Use second sheet for more names if necessary.

**FOR STUDENTS NEW TO THE RELIGIOUS EDUCATION PROGRAM:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Penance:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Communion:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Confirmation:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Penance:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Communion:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Confirmation:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Penance:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

First Communion:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Confirmation:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

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First Communion:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

Confirmation:

NO  YES - Church \_\_\_\_\_ City / State: \_\_\_\_\_

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