



**St. Rose of Lima**  
CATHOLIC CHURCH

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## 2016 - 2017 Religious Education Registration Form

Child's Name \_\_\_\_\_

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

Family Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

**Father**

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

**Mother**

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**First Reconciliation/First Communion Class meet on Sunday at 9:30 - 10:30 starting on September 18<sup>th</sup> with First Reconciliation in December and First Communion in May**

**\$40.00** (Includes Bible, Supplies, and Photos of First Communion.)

I understand and agree that this preparation requires full participation by parents and children at all sessions as well as at home.

Parents Signature \_\_\_\_\_

### Enrollment Information

Copy of Baptism Received Y/N	Grade 2016 - 2017	Childs Name	Date of Birth Mo/Date/Year	Baptism Date Mo/Date/Year	Baptism Church Name Address City, State Zip	Parents Names	
						Father	Mother's (Maiden)

**Return form along with a copy of the Baptism Certificate and fee to:**

St Rose Church 2727 NE 54<sup>th</sup> Ave, Portland, OR 97213 503-281-5318 or Fax 503-284-8350