

**First Communicant**  
**EPIPHANY SCHOOL OF RELIGION**  
**Registration for 2008-2009**

Circle: Boy or Girl

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Child's Last Name                      First Name                      Date of Birth                      Age                      Place of Birth

\_\_\_\_\_  
Street Address                      Apt.#                      City                      Zip Code                      Phone Number  
email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Father's Last Name                      First Name                      Mother's Last Name                      First Name

\_\_\_\_\_  
Father's Religion                      Work Number                      Mother's Religion                      Work Number

\_\_\_\_\_  
Language Spoken at Home                      Parents Marital Status

\_\_\_\_\_  
Child's School                      Grade in September 2008  
Do you wish instruction in \_\_\_\_\_ English or \_\_\_\_\_ Spanish (Please check)

My child has received Baptism: where \_\_\_\_\_  
when: \_\_\_\_\_ No \_\_\_\_\_

Previous Religious Education (if any): Yes \_\_\_\_\_ No \_\_\_\_\_

If a parent or guardian cannot be reached, whom should we contact in case of an emergency?

\_\_\_\_\_  
Name                      Phone Number                      Relationship

Does your child have an illness or learning disability of which we should be aware?

\_\_\_\_\_  
Please check one:    \_\_\_\_\_ Yearly fees are enclosed/attached.  
                                 \_\_\_\_\_ Partial payment of fees are enclosed/attached  
                                 \_\_\_\_\_ Fees will be paid by installment basis

**No family in Epiphany Parish should stay away from the religious education program because the family is not able to pay the yearly fee.**

**SEE REVERSE SIDE FOR FEE INFORMATION**

Signature of Parent: \_\_\_\_\_