

## All Saints Religious Education Registration

Welcome! Student's Family must be a registered member of All Saints Parish. You may register at the Parish Office Center any business day during office hours. Religious Education Classes are open to all parishioners; please speak with the Director of Youth Formation about any necessary accommodations to meet your child's needs.

Please complete and return registrations to the parish office or mail to: All Saints Church  
720 29<sup>th</sup> St SE  
Cedar Rapids, IA 52403

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Mother's Information:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Father's Information:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family's Primary e-mail address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level	Date	Tuition Amount	Check No.	School Attending	Photo Release (Initial if permission is granted)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
5 <sup>th</sup>					
6 <sup>th</sup>					
7 <sup>th</sup>					
8 <sup>th</sup>					
9 <sup>th</sup>					
10 <sup>th</sup>					

Baptism Date \_\_\_\_\_ Denomination \_\_\_\_\_

Baptism Location \_\_\_\_\_

Eucharist Date \_\_\_\_\_ Eucharist Location \_\_\_\_\_

Special Learning needs:

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Other comments:

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