Holy Family Parish
Religious Education Registration
727 Highway 36, Union Beach, NJ 07735

By/Date: _____

FAMILY INFORMATION

Mailing Name: _____

Address: _____

City, St., Zip: _____

Home Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Family Email: _____

Custodial Issues (please explain): _____

_____

Mother's Name: _____

Mother's Maiden: _____

Mother's Cell: _____

Mother's Religion: _____

Mother Living: Yes/No

Father's Name: _____

Father's Cell: _____

Father's Religion: _____

Father Living: Yes/No

STUDENT INFORMATION

Child Name: _____

Gender: _____

Birth Date: _____

Public School in Sept.: _____

Class (*Office Use Only*): _____

Grade: _____

Baptized Catholic: Yes / No

Sacrament Details   Check & Date All Below

☐ Baptism: _____

☐ Eucharist: _____

☐ Penance: _____

Please provide copies of certificate for Sacraments checked.

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

_____

_____

Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts. *Please circle: Yes/No*

The signature below allows the Religious Education Program to provide all information on this form to the Religious Education Staff for Religious Education purposes only.

Registration fee is non-refundable.

Signature Parent/Guardian:_____ Date:_____

Payment (*Office Use Only*): Cash   Check (#_____)   Promissory Note   Amount:_____