Saint Pius X Catholic Church of Klamath Falls, Inc

Religious Ed. Registration

4880 Bristol Ave, Klamath Falls, OR 97603 Term: 2017-2018

, Lust I tuille.		Date:	
Father's Name:		Father's Cell / Work:	
			es / No
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:		Reconciliation Prep:	
	MATION		
DENT #2 INFOR			Yes / No
		Catholic?	
Child Name:	☐ Male ☐ Female	Catholic? Sacrament Details	Check & Date All Below
Child Name:		Sacrament Details	Check & Date All Below
Child Name: Gender: Birth Date:	☐Male ☐Female	Sacrament Details Baptism:	Check & Date All Below
Child Name: Gender: Birth Date: Grade:	☐Male ☐Female	Sacrament Details Baptism: Eucharist:	
Child Name: Gender: Birth Date: Grade: Session:	☐Male ☐Female	Sacrament Details Baptism: Eucharist: Reconciliation Prep:	

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$______ Tuition PAID: \$______ Signature: _____

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Additional Students

Child Name:		Catholic?	Yes / No
	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Session:			
Class:			
	(Medical, Learning Disabilities,		
ENT #4 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:		Reconciliation Prep:	
Session: Class:		☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs	(Medical, Learning Disabilities,	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class:	(Medical, Learning Disabilities,	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs ENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	Reconciliation Prep: Confirmation: Physical Disabilities, etc):	
Session: Class: Special Needs ENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism:	Yes / No
Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below