## St. Luke's Christian Education

## **Registration Form**

## 2025 / 2026

Student Name:	
Date of Birth:/	
Mailing Address:	
Town:	State : Zip :
Contact Information: Parent (1) Name: _	
Contact Numbers: Home ()	
Cell ()	Other ()
E-Mail Address:	
Preferred Method of Contact: Home #	
Student In	formation
Has your child been baptized? Yes ( )	No ( )
If yes, Date of Baptism://	Parish:
If no, would you like to be contacted	l about baptismal information? Yes ( )
Are you interested in having your child paclass? ( for ages 6 and up )	-
Are you and your child interested in partic	cipating in our Confirmation class?
(must turn 13yrs old before Confirmation	Celebration in Fall of 2014) Yes ( )

## **Emergency Information**

Student Allergies:		
Other Medical Conditions/Concerns:		
Emergency Contact/s: ( to be called	only if parent/s cannot be contacted)	
Name/Relationship to Student:		
	# (	
Name/Relationship to Student:		
	# (	
Family Physician: Name:		
	# (	
<b>1</b> 9	lcomes all parents wishing to volunteer er the following events, and share with Christian Education has to offer.	
Family Service () Halloween Pa	rty () Christmas Pageant ()	
Advent Family Night () Class A	ssistant () Special Guest ()	
Substitute Teacher () Eucharist I	Education – Class Parent ()	
Confirmation – Class Parent () B	ingo () Movie Afternoon ()	
Other Suggestions/ Ideas?		
Comments/Questions?		