



ST. DENIS PARISH RELIGIOUS EDUCATION REGISTRATION 2008-2009

Please make any corrections or additions on this form and return with your payment. Thank you.

Name: _____ School: _____ Grade: _____
 Address: _____ Home Phone: _____
 Home E-mail: _____ *(Registration will be confirmed through e-mail.)*
 Father Day Phone: _____ Mother Day Phone: _____
 Birthdate: _____ Birthplace: _____ Baptism Date: _____ Church: _____
 Father's Name: _____ Mother's Name (Maiden): _____
 1st Reconciliation Date: _____ 1st Eucharist Date: _____ Church: _____

2ND YEAR CONFIRMATION CANDIDATE INFORMATION

(Completion of this section acknowledges 50% attendance in 1st year and service hours logged.)



Confirmation Name Chosen: _____
 Confirmation Sponsor: _____
 Address: _____
 Phone: _____ E-mail: _____
 Address of Baptism Church: _____

Emergency Contact Information: If you cannot be reached, who should be called?

Name	Relationship	Phone
a. _____	_____	_____
b. _____	_____	_____

Does your child have any health problems that we should be aware of in order to assist him or her?

No. If yes, please describe below (learning disability, allergies or medications, etc.):

Payment Information: Check here if payment information completed on sibling form.

\$75.00 one child or	\$ _____
\$100.00 two or more	\$ _____
Safe Environment Training \$5.00 per child	
Grades 4 to 8 only, _____ child(ren) x \$5.00	\$ _____
TOTAL	\$ _____

Please make check payable and mail to:

St. Denis Parish
 2250 Avy Avenue
 Menlo Park, CA 94025-6757 Questions? Call 650-854-1081.

TEAM TEACH IN 2008-09

Yes, I am interested in teaching in my child's class during the 2008-09 year. I can help with the lesson:
 _____ once a month,
 _____ twice a month,
 _____ every week

Please contact me.

Parent Signature: _____ Date: _____