



Holy Name Catholic Church
 2901 Fontenelle Boulevard
 Omaha, NE 68104
 (402) 451-6622
www.holynameomaha.org/

St. Philip Neri-Blessed Sacrament Parish
 8200 N. 30th St.
 Omaha, NE 68112
 (402) 455-1289
www.saintphilipneriblessedsacrament.org/

Religious Education Registration Form

Please legibly print your responses and complete BOTH sides. Please make checks payable to Holy Name Church.

Registered Parishioners: \$50 per child. Max of \$150 for 3 children or more.

Father's Name _____ Mother's Name _____

Mother's Maiden Name _____

Registered in Parish YES NO Please circle your parish: Holy Name St. Philip Neri-Blessed Sacrament

Children Live With _____

Address _____

City/State/Zip Code _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Your Best Email Address: _____

Please circle what best describes your situation: Our children are...

In a public school Homeschooled In a Catholic school named _____

In the event of an emergency, who else may be contacted?

Name _____ Phone # _____

Relationship to family _____

Please list person or persons who will be dropping/picking up children other than parents:

Name: _____ Phone # _____

-----OFFICE USE ONLY-----

Amount Paid \$	Check#	Date Paid:
Documents needed:	<input type="radio"/> Birth certificate <input type="radio"/> Baptism certificate <input type="radio"/> First Communion certificate (needed for confirmation) <input type="radio"/> Sponsors form	

Religious Education Student Enrollment Information

Please fill in the blanks below and circle the correct responses.

1. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: **Baptism:** YES NO **Church of Baptism:** _____

Reconciliation: YES NO

Eucharist: YES NO

Confirmation: YES NO

Catechism year: 1st Year 2nd Year

Language need: English Spanish

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances:

2. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: **Baptism:** YES NO **Church of Baptism:** _____

Reconciliation: YES NO

Eucharist: YES NO

Confirmation: YES NO

Catechism year: 1st Year 2nd Year

Language need: English Spanish

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances:

3. Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

School Attending _____

Sacraments Received: **Baptism:** YES NO **Church of Baptism:** _____

Reconciliation: YES NO

Eucharist: YES NO

Confirmation: YES NO

Catechism year: 1st Year 2nd Year

Language need: English Spanish

Special Needs: Learning difficulties, allergies, physical or health needs/family circumstances: