

# Holy Rosary Church

520 Stevens Street  
Indianapolis, IN 46203  
(317) 636-4478 • tgorsage@comcast.net

## Religious Education Registration Form

Please Print

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_ Sex: (circle) M F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church of Baptism (including city): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

**Is Family Registered at Holy Rosary Parish?**  YES  NO

Mass Most Frequently Attended: (circle) 4:30 p.m. Saturday 9:30 a.m. Sunday Noon Sunday

**Please indicate which Religious Education Class the child is to be enrolled:**

- Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  
 Confirmation  Spirituality for Children

### Other Children in Family

Please provide information requested below. Check sacraments already received.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Age: \_\_\_\_  Baptism  Penance  Holy Communion  Confirmation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Age: \_\_\_\_  Baptism  Penance  Holy Communion  Confirmation

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Age: \_\_\_\_  Baptism  Penance  Holy Communion  Confirmation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Age: \_\_\_\_  Baptism  Penance  Holy Communion  Confirmation

Please return this completed form to Teresa Gorsage via Sunday collection basket, U.S. Mail or e-mail.