## FORT BRAGG CATHOLIC RELIGIOUS EDUCATION REGISTRATION 2012 - 2013

Official Use Only:	Attendance Verification	Military II	O Card Assign	ned to class		
Date registration form received at RE office:						
STUDENT'S NAME:	:					
	(Last Name)		(First Name)	(Middle Name)		
	ay) (Month) (Year)	MALE/FEMALE SCHOOL GRADE: (Circle one)				
FATHERS NAME: _				RELIGON:		
	(Last Name)	(First Name)	(Middle Int.)			
MOTHERS NAME:				RELIGON:		
WICHIELD TWINE.	(Last Name)	(First Name)	(Maiden Name)	)		
SDONSOD'S LINIT/D	PHONE:					
SI ONSOR S UNIT/I	HONE.			(Phone Number)		
HOME ADDRESS: _	(Street)	(Cit	(v)	(ZIP)		
	(Street)	(CII	.y)	(ZII)		
$\pmb{EMAIL\ ADDRESS:}$						
PHONE NUMBERS:						
THORE NOWIDERS.	(Home)	;;;;;		(Father's Cell)		
HOW OFTEN DOE	S YOUR FAMILY ATT	TEND MASS: W	eekly & Holy Day ( <b>Circle</b>	vs; Sometimes; Seldom		
CHAILE WILKE IS	OU ATTEND MASS		<del></del>			
CHILD'S PREVIOUS	S RELIGIOUS EDUCAT	TION: WHERE:		WHEN:		
THIS CHILD HAS A	LREADY RECEIVED:			YES/NO (Circle one)		
		RECONCILIATI	ON	YES/NO (Circle one)		
		EUCHARIST CONFIRMATIO	N	YES/NO (Circle one) YES/NO (Circle one)		
HAS THIS CHILD B	EEN BAPTIZED IN AN			CH:		
	REQUIRE SPECIAL ME E OF? (EG Diabetes, Ep			F AND VOLUNTEERS		

## Please continue on other side

If this student will be receiving either the sacrament of First Eucharist or Confirmation and the Baptism certificate is written in a foreign language or does not have the following information, please provide the missing data:

A COPY of the Baptism certificate is required at registration.

Child's Name:			
Father's Name:			
Mother's Name:			
Child's date of birth:	Date of Baptis	m:	
City/State of birth:			
Name of church, address, city/state	e/country & Postal codes	s of Baptism:	
Please Read and initial befo	ore signing:		
<ol> <li> In the event that emer the phone numbers listed on the authorized. A representative of Womack Army Medical Hospit child's catechist will have accessored.</li> <li> Students with 1-3 absorated absorated in Students are available educational growth.</li> <li> If my child is enrolled requested in support of my child is enrolled.</li> </ol>	is form, such care as deed the Ft. Bragg Chaplain ital. In addition, I undersess to the above informatences, with work made use to my child's teacher an oility, and will continually is a sacramental preparalld.	emed necessary by Army cy is hereby authorized to stand that only the Religion.  up, are granted credit for a d the Ft. Bragg Religious by pray for my child's contation class, I will also attention class.	medical personnel is o obtain necessary care at fous Education Staff and my a year's attendance in the s Education Program as ntinued spiritual and
(Name)	(Grade)	(Name)	(Grade)
(Name)	(Grade)	(Name)	(Grade)
Signatura & Data			

Please bring completed forms to the Religious Education Office located in the Pope Chapel (just off of the corner of Reilly and Ethridge Streets, on Pope AAF).

PLEASE DO NOT LEAVE THIS FORM AT YOUR CHAPEL