

**Holy Comforter Saint Cyprian Roman Catholic Church**

Reverend Monsignor Charles Pope, Pastor

Office of Religious Education

Shirley Austin, Minister of Religious Education

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*"Let the children come to me"*

**2017-2018 RELIGIOUS EDUCATION REGISTRATION FORM**

**PLEASE PRINT INFORMATION CLEARLY ON BOTH SIDES**

**Student Information**

(Check one)  Male  Female

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

Date of Birth: \_\_\_\_\_ Name child is usually called: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Grade for 2017-2018 school year: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child lives with: (check one)  Both Parents  Mother Only  Father Only  Other: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Has this youth received Baptism? \_\_\_\_\_ If yes, Parish name and year: \_\_\_\_\_

Has this youth received First Eucharist? \_\_\_\_\_ If yes, Parish name and year: \_\_\_\_\_

Has this youth received Confirmation? \_\_\_\_\_ If yes, Parish name and year: \_\_\_\_\_

Please list siblings and ages: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*First Last*

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Has Father received Baptism? \_\_\_\_\_ First Eucharist? \_\_\_\_\_ Confirmation? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*First Last*

Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Has mother received Baptism? \_\_\_\_\_ First Eucharist? \_\_\_\_\_ Confirmation? \_\_\_\_\_

**Emergency contact person (other than parents)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

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Does your family regularly attend Holy Comforter-Saint Cyprian Church?  Yes  No

**If no**, name of Parish you attend \_\_\_\_\_

Is your family a registered member of Holy Comforter-Saint Cyprian?  Yes  No

**If no**, name of Parish you are registered \_\_\_\_\_

Does this child have any medical or learning disabilities or food allergies?  Yes  No

**If yes**, please explain \_\_\_\_\_

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Number of children under 18 living in household not attending Religious Education classes: \_\_\_\_\_

Please check here if you are interested in volunteering in our Religious Education Programs:

Teaching  Substitute Teacher  Food/Coffee for Parents  Other \_\_\_\_\_

**RELEASE AND CONSENT FORM FOR PHOTOGRAPHY (Minors 18 and under)**

**Please Check One:**

I **DO** grant permission to Holy Comforter-St. Cyprian Church to use the photographs/videos and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposed that may include brochures, posters, website and print media.

I **DO NOT** grant permission to Holy Comforter-St. Cyprian Church to use the photographs/videos and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposed that may include brochures, posters, website and print media.



Please complete one form per child. Completed forms may be dropped off or mailed to the rectory office; faxed to 202-544-1385; or emailed to mre@hscchurch.org