Holy Comforter Saint Cyprian Roman Catholic Church

Reverend Monsignor Charles Pope, Pastor

Office of Religious Education Shirley Austin, Minister of Religious Education 1357 East Capitol Street, SE, Washington, DC 20003 202-546-1885 ext. 26 202-544-1385-fax mre@hcscchurch.org www.hcscchurch.org



'Let the children come to me'

2018-2019 RELIGIOUS EDUCATION REGISTRATION FORM *PLEASE PRINT INFORMATION CLEARLY ON BOTH SIDES*

Student Information		(Check o	one) \Box Male \Box Female	
Name:			Last	
Date of Birth:				
Address:				
Home Phone Number:	La	Language spoken at home:		
Grade for 2018-2019 school	year: School A	ttending:		
Child lives with: (check one)	\square Both Parents \square Mo	other Only 🛛 Father	Only Other:	
Has youth received Baptism	? If yes, Parish	name and year:		
Has youth received First Euc	harist? If yes, F	arish name and year	ſ:	
Has youth received Confirma	ation? If yes, Pa	rish name and year:		
Parent Information				
Father's Name:			Religion:	
	First	Last Email: _		
Phone: (home)	(cell)		(work)	
			Confirmation?	
Mother's Name:			Religion:	
Maiden Name:	First	Last		
Home Address:		Email:		
Phone: (home)	(cell)	(v	vork)	
Has mother received Baptis	m? First E	ucharist?	Confirmation?	

Emergency contact person (other than parents)

Name:	Relationship to child:				
Phone numbers: (home)	(cell)	_ (work)			
Does your family regularly attend Holy (\Box Yes	□ No			
If no, name of Parish you attend					
Is your family a registered member of Holy Comforter-Saint Cyprian? \Box Yes			□ No		
If no, name of Parish you are registered					
Does this child have any medical or learning disabilities or food allergies?			□ No		
If yes, please explain					
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 Teach	er 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; fax: 202-544-1385; or email: mre@hcscchurch.org