



Holy Comforter -- Saint Cyprian Roman Catholic Church

Rev. Monsignor Charles Pope, Pastor
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2024-2025 RELIGIOUS EDUCATION REGISTRATION FORM

(PLEASE PRINT INFORMATION CLEARLY)

Student Information

check one: Male Female

Name: _____
First Middle Last

Date of birth: _____ Name child is usually called: _____

Address: _____

Grade for 2024-25 school year: _____ School attending: _____

Has youth received Baptism? _____ If **yes**, Parish name & year: _____

Has youth received First Eucharist? _____ If **yes**, Parish name & year: _____

Has youth received Confirmation? _____ If **yes**, Parish name & year: _____

Please list other siblings and ages: _____

Parent Information

Father's Name: _____ Religion: _____
First Last

Home Address: _____ Email: _____
(leave blank if same address as student)

Phone: _____ (home) _____ (cell) _____ (work)

Is Father Baptized? Yes No

If Catholic: First Communion? Yes No Unsure Confirmation? Yes No Unsure

Mother's Name: _____ Religion: _____
First Last

Maiden Name: _____

Home Address: _____ Email: _____
(leave blank if same address as student)

Phone: _____ (home) _____ (cell) _____ (work)

Is Mother Baptized? Yes No

If Catholic: First Communion? Yes No Unsure Confirmation? Yes No Unsure

➔ **Child lives with:** (check one) Both parents Mother only Father only Other: _____

Emergency contact (other than parents):

Name: _____ Relationship to child: _____

Best contact number(s): _____

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 Church? Yes No Unsure

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 _____

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

Teaching Substitute Teacher Other _____

RELEASE AND CONSENT FORM FOR PHOTOGRAPHY (Minors 17 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 purposes that may include brochures, posters, website and print media.

I **DO NOT** grant permission to Holy Comforter-St. Cyprian Catholic Church to use the photographs/videos and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposes 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 or email: mre@hscchurch.org