

St. Victor Chapel
Lakehills, TX 78063
Religious Education Registration
Grades K-12

Date: _____

Student Name _____	DOB _____	Grade _____
Baptism Date: _____ Parish, City _____		
Reconciliation Date: _____ Parish, City _____		
Communion Date: _____ Parish, City _____		
Confirmation Date: _____ Parish, City _____		
Allergies/Health Needs/Special Needs _____		

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Which Mass does your family attend?: _____

Parent/Guardian Signature: _____

Father/Guardian: _____ Religion: _____

Mother/ Guardian: _____ Religion: _____

Phone: _____ Cell: _____ Text: Y N

Phone: _____ Cell: _____ Text: Y N

Email Address: _____

Email Address: _____

Home Address: _____

Mailing Address: _____

Emergency Contact: _____ Phone: _____

Fee (\$15/Child or \$30/Family)

Date: _____ **Amount:** _____ **Check #:** _____ **Cash**

This form will be retained in church office